

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

COUNTERPART
C&D/WHITEHALL LABORATORIES ASSISTANT TRAINING

27 April 1996

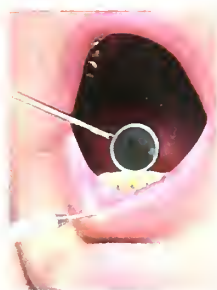
Lincs' needle scheme gets 40pc increase

PSNI president critical of NHS decision-making

Council candidates put points on the New Age

The treatment of thrush: a C&D training seminar

Open wide and find out about oral hygiene



Superdrug increases pharmacy budget 80pc

RPM lobby shifts up a gear at Westminster

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- LASTS ALL DAY
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terfenadine

TRILUDAN/TRILUDAN FORTE (OTC) PRODUCT INFORMATION

Presentations: Triludan Tablets. Each tablet contains 60mg terfenadine. Triludan Forte Tablets. Each tablet contains 120mg terfenadine. **Uses:** Antihistamine indicated for symptomatic relief of hay fever, allergic rhinitis and allergic skin conditions. **Dosage and Administration:** Adults and Children over 12 years. As a single dose or two divided doses. Allergic skin conditions: 120mg daily. Hay fever, allergic rhinitis: Starting dose 60mg daily, increase to 120mg daily if required. Children: Allergic skin conditions, hay fever, allergic rhinitis: 6-12 years: 30mg twice daily. Do not exceed the maximum recommended dose. **Contra-indications, warnings etc.:** Contra-indications: Concomitant use with oral ketoconazole or itraconazole or erythromycin. Use in patients with significant hepatic dysfunction. Known hypersensitivity to the drug. **Warnings:** QT prolongation and/or ventricular arrhythmias, including torsades de pointes have been reported at doses higher than those recommended and at normal doses in patients whose terfenadine metabolism is impaired by drugs or by liver disease (see 'Contra-indications'). If syncope occurs, terfenadine should be discontinued and the patient evaluated for potential arrhythmias. **Precautions:** Terfenadine is not recommended in patients in whom electrolyte imbalance or prolonged QT interval are known or suspected. Concomitant use of terfenadine is not recommended in patients receiving potentially arrhythmogenic drugs and those producing electrolyte imbalance, astemizole.

Although evidence is lacking, the risk of arrhythmia might be increased (see 'Warnings'). **Pregnancy and lactation:** See full data sheet. **Side-effects:** The following side-effects have been reported: abdominal pain and dyspepsia, alopecia, anaphylaxis, angioedema, arrhythmias, bronchospasm, confusion, convulsions, depression, dizziness, headache, insomnia, jaundice, liver dysfunction, menstrual disorders, musculoskeletal pain, nightmares, palpitations, paraesthesia, photosensitivity reactions, rash, sweating, syncope (see 'Warnings'), tremor, visual disturbances. In objective tests Triludan has been shown to be free from central nervous system side-effects. Reports of drowsiness are extremely rare but it is advisable to check the individual response before driving or performing complicated tasks. **Drug Interactions:** Use with oral ketoconazole or itraconazole is contra-indicated. Use with erythromycin is contra-indicated. Concurrent use with other imidazole oral antifungals or other macrolide antibiotics is not recommended. Concurrent use of drugs with arrhythmogenic potential or those causing electrolyte imbalance is not recommended (see full data sheet). **Pharmaceutical Precautions:** None. **Legal Category:** P. **Product Licence Numbers:** Triludan Tablets: 4425/0024. Triludan Forte Tablets: 4425/0091. **Product Licence Holder:** Marion Merrell Ltd., Broadwater Park, Denham, Uxbridge UB9 5HP. **RSP (including VAT):** Triludan Tablets, pack of 10 £2.99. Triludan Forte Tablets, pack of 7 £3.95. **Date of preparation:** February 1996. **Further information including Product Data Sheet is available from:** Marion Merrell Ltd., Hoechst Marion Roussel, Broadwater Park, Denham, Uxbridge, Middlesex UB9 5HP. Marion, Merrell and Triludan are registered trademarks. Hoechst Marion Roussel is a member of the Hoechst Group.

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Spring is in the air ... at last, and with it a real sense of change. In the pharmaceutical arena the PSNC has, for the first time in 18 years, elected a new chairman in Wally Dove. The Society's Council election is well under way, and candidates give their feelings about how community pharmacy might fair in the New Age (pp550-551). The Community Pharmacy Action Group is now openly fighting to defend Resale Price Maintenance and lobbying to good effect (p586), but the point cannot be made strongly enough that every letter and personal approach counts. In a national context a general election grows ever closer, with a widespread expectation that the Tories have had their day. A sign of the times is that the chief guest at the Scottish Pharmaceutical General Council's annual dinner this week is the shadow secretary of state for Scotland, George Robertson.

Basic dissatisfaction with the way the Government is handling health service issues is widespread and was well expressed by Terry Hannawin, addressing Northern Ireland pharmacists at the annual president's dinner last weekend. He questioned whether major policy decisions on NHS reforms were based on any solid evidence-based research. After all, evidence-based medicine is *de rigueur* in the NHS. Looking at the shambles of locally devolved pay negotiations, the inequity of the fees paid to appliance suppliers, the constant fudging of the dispensing doctor issue, and a seeming inability to understand the basic business needs of NHS contractors, one can see his point! His argument, that central government interference has actually prevented local decision-making is one that will strike a sympathetic chord. Choice needs to be offered, not imposed without option, as is the case with a paying patient forced to choose which item is most important on a multiple script.

CHEMIST & DRUGGIST

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Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by
 Miller Freeman Professional Ltd
 Sovereign Way, Tonbridge, Kent TN9 1RW
 Telephone 01732 364422
 Telex 95132 MILFRE G
 Fax 01732 361534

E-Mail: chemdrug@dotpharmacy.com
 Internet site
<http://www.dotpharmacy.com/>

Subscriptions Home £115 per annum
 Overseas & Eire £165 per annum
 including postage
 £2.40 per copy (postage extra)

Circulation and subscription Royal
 Sovereign House, Beresford Street,
 London SE18 6BQ. Tel: 0181 855 7777

Refunds on cancelled subscriptions will
 only be provided at the publisher's
 discretion, unless specifically
 guaranteed within the terms of
 subscription offer

The editorial photos used are courtesy
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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 245 No 6032 136th YEAR OF PUBLICATION ISSN 0009-3033

Lines' needle scheme sees 40pc funding boost 548

Pharmacist-run scheme with 16 outlets saw
 client visits increase 58pc in 1995



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40pc rise in Lincs' needle funding

The pharmacist-run north Lincolnshire needle exchange facility has negotiated a 40 per cent funding increase from South Humber Health Authority.

The rise gives Freelance Needle Exchange \$63,000 to spend on providing all syringe exchange services within south Humberside. The limited company, run by pharmacist directors Tim Cottingham and Dr Rod Tucker, has also secured a 12-month renewal of its contract.

Mr Cottingham says that the past year saw client visits to the

company's 16 sites (13 of which are pharmacies) increase by 58 per cent to 11,325. The number of syringes issued rose by 48 per cent to over 166,000.

He adds that the funding will take into account an expected rise in client visits and needles supplied, as well as increased fees for pharmacists. There will be a minimum payment of \$1.25 per visit, rising to \$1.50 paid per visit to the busier sites which offer a full range of equipment.

Last year saw a used needle return rate of 73 per cent.

Counterpart: woman to woman

This month's Cambridge Counterpart Pharmacy Assistant Development Course tackles women's health.

The 11th module in the programme is inserted in this

week's issue. It covers breast care, cystitis, pregnancy, thrush and the menopause.

If you have not yet enrolled, contact Sue Cheeseman on 01732 364422 ext 2462.

New FP10s in October

The Department of Health has unveiled the latest FP10 revamp, due to be phased in from July 1.

The new version clarifies the previous amendments to the

FP10, making it easier to read, and moving the prescription payment declaration to the top of the form.

The form will include a new exemption box for those people claiming the income-based Job Seekers Allowance. However, the final layout of the form has not been finalised and further modifications may be made.

Wally Dove, PSNC chairman, says PSNC has seen a copy of the modified FP10 and "in general terms, the Committee is happy".

PSNC stresses there are no plans to have pharmacists police the FP10 exemptions and that, contrary to reports, dispensing doctors will be using the same forms and will have the same requirements to have patients indicate that they have paid the prescription fee.

The new FP10 will be fully implemented by October 7.

IMPORTANT NOTES FOR PATIENTS

- Before getting the item(s) overleaf dispensed you must tick a box at **Part A**, and complete and sign **Part B** and/or **C**.
- If you think you might be entitled to a refund of the money you have paid, you must get an NHS receipt (FP57) when you pay. *You cannot get one later.*
- If you need a lot of medication you may want to buy a prepayment certificate. To find out more, pick up leaflet HC11 "Are you entitled to help with health costs?" which you can get from your pharmacist.

WARNING To give false information may lead to prosecution

Part A I am ☒ the patient named overleaf ☐ the patient's parent/guardian/representative *(see note on reverse)*

Part B I have paid for the item(s) overleaf

Signed Date

Name

Address/postcode

(If different from overleaf)

Part C I do not have to pay the charge because the patient *(tick the appropriate boxes)*

IS EXEMPTION AGE GROUNDS

☐ under 16 years of age
☐ 16-18 and in full time education
☐ 60 years or over

HOLDS AN EXEMPTION CERTIFICATE

☐ maternity or medical exemption
☐ FP6 (prepayment certificate)
☐ War/Mod pensioner exemption certificate
☐ and the items overleaf are for the pensionable disability

RECEIVES OR IS THE PARTNER OF SOMEONE RECEIVING

☐ Income Support
☐ Family Credit
☐ Disability Working Allowance and had capital of £5,000 or less on the date the claim was made
☐ Income-based Jobseekers Allowance *(from 7 October 1996)*
☐ a current NHS charge certificate *(HC2 AG2 no certificate for full help)*

IS BEING GIVEN NO-CHARGE CONTRACEPTIVES

☐ Yes ☐ No

Date

Address/postcode

(If different from overleaf)

This form is the property of the National Health Service



Thrush was the latest topic in the C&D accredited seminar series, sponsored by Bayer Pharmaceuticals. Speakers at the event, which attracted 50 pharmacists and assistants to the Burford Bridge Hotel, Boxhill, were (left to right): Dr Terry Maguire, Belfast proprietor pharmacist and senior lecturer at the School of Pharmacy, Queen's University, Belfast; C&D's associate publisher, John Skelton; Dr Philip Hay, senior lecturer and honorary consultant at St George's Hospital, London; and Steve Beck, Canesten brand manager

Efamol mail order launch

Efamol is launching a mail order catalogue which offers free product and 'three for the price of two' incentives.

The bulk of the 25,000 catalogues are to be sent to customers contacting the company's helpline, although the current issue of *Good Housekeeping* is being used to test distribution in the south east. Efamol's managing director, Michael Barber, says: "It is not a commercial avenue. We do not see it as a revenue earner - it is more a service which we have been providing for years."

He adds: "When sold through

mail order, the prices per capsule are similar to retail, after postage and packaging costs are taken into account." Prices listed include: 150 Efamol capsules for \$9.49 with 50 extra free; 120 Efacal capsules for \$14.95 with 40 extra free; and 500 Efavite capsules for \$11.95. Postage is \$1.99 per order.

Mr Barber emphasises that Efamol is "first and foremost behind the retailer. There is no intention at this stage of taking [the scheme] any further". He points out that the company is putting its major effort into the retail trade and is currently spending \$500,000 on promotion.

Wally Dove takes over chairmanship of PSNC

Wally Dove moves from vice chairman to chairman of the Pharmaceutical Services Negotiating Committee, replacing David Sharpe.

"I would like to say to contractors that I do not underestimate the job and I intend to give it my best shot," vows Mr Dove, the sole candidate for the position.

He stresses his intention to work very closely with PSNC's new vice chairman Steven Williams, the Committee's Mersey representative.

"I am sure that the profession is waiting for all the answers to all of its questions in the first couple of meetings, but I think that the job is rather more complicated and difficult than that," says Mr Dove.

His predecessor for 18 years, David Sharpe, has already pledged his support. "I wish him every luck and success in what will be a thankless task. He is very much his own man and I expect him to lead from the front," says Mr Sharpe.

The National Pharmaceutical Association's director, Tim Astill, says the organisation's Board extends its unanimous congratulations and good wishes to Mr Dove. "I know that the PSNC has made a good choice and I am sure he will do a good job."

John Ferguson, secretary and registrar of the Royal Pharmaceutical Society, comments: "I look forward to working closely with him."

PSNI president critical of NHS decision-making tactics

The way the Government makes policy decisions on health service reforms has come in for harsh criticism from the president of the Pharmaceutical Society in Northern Ireland.

Pharmacists, in common with other groups within the NHS, have become "disenchanted and disillusioned as they witness the effects of the so-called reforms in the health service", said Terry Hannawin at the annual president's dinner in Belfast last Saturday. They would like to be given some detail of the decision-making process which Government uses when making policy decisions, he suggested.

"Government is keen to commend evidence-based medicine to healthcare professionals, and one is entitled to assume that when they take major policy decisions they do so after applying the same criteria in the form of evidence-based research."

Pharmacists are increasingly complaining about the "embarrassing process" of collecting prescription charges, said Mr Hannawin. He recalled the comment of a paying patient who could only afford one of four items on a script: "I know the Government wanted to give us freedom of choice, but I didn't realise they wanted to impose it," she said.

"Subsidiarity is another frequently used expression when it fits the immediate needs of our political masters," commented



PSNI president Terry Hannawin with his chief guests, Alan Elliott (right), the permanent secretary at the Department of Health and Social Services, and assistant secretary Joan Dixon (left)

the president. In the context of things like the Maastricht Treaty it applies to regulations, "but nearer to home this principle is applied to spending by local health authorities. The Government uses a process of cuts and capping to withdraw effective decision-making".

Some balance needed to be restored to the Government's policy towards the NHS, said Mr Hannawin. "Government should enable local authorities to take effective evidence-based decisions in the best interests of the populations they serve, rather than preventing them and imposing a specious freedom on patients."

Pharmacists' intervention contributes significantly to containing the drugs bill, and they could

make an even greater contribution, said Mr Hannawin. This could not be a "short-term fix", but something which would be sustainable in the longer-term.

"It would require courageous and innovative change to the way our service is funded. We would need guaranteed financial incentives as well as freedom to take increased responsibility for our decision-making," he said.

Structures and resources are already in place, although seriously under-used, so there would be no need for substantial investment to kick-start the process, he said. "We should be exploring the possibilities, and pharmacists would not be found wanting if Government is serious about more cost-effective healthcare."

DoH launches new headlice campaign

The Department of Health has launched a new campaign to tackle headlice.

A new leaflet, 'The prevention and treatment of headlice', has been published informing families about suitable effective treatments now that carbaryl has been made a POM.

Posters and leaflets will be distributed to pharmacies, GP surgeries and schools via the School Nurses Association.

The Community Hygiene Concern organisation, which is running a three-year 'Bug Busters' programme in schools, says that 850,000 leaflets have been printed and there have already been 60,000 requests for the leaflet.

Errors led mentally ill pharmacist to kill

A catalogue of errors by health service professionals led to a paranoid schizophrenic and former pharmacist killing a young mother at random, an inquiry has found (C&D April 29, p115).

A report commissioned by Ealing, Hammersmith & Hounslow Health Authority says Nilesh Gadhner was released instead of being compulsorily treated in hospital, because a psychiatrist did not realise he could be confined.

Mr Gadhner deliberately drove his car at the victim in a car park.

Tights error

Support tights remain blacklisted from FP10s, despite assurances to the contrary in a new Department of Health leaflet.

The HC12 leaflet, which explains prescription payment options, states patients must pay two script fees, \$11, for a pair of support tights, omitting to say that this is applicable to hospitals only. Support tights are not prescribable on FP10 forms.

The DoH is aware of the problem and is re-printing the HC12 leaflet, but cannot say when it will be distributed.

Pharmacists who have run out of forms HC12 or FP92A, which were distributed with booklet HC11, can obtain further copies by contacting the Department of Health Distributors, PO Box 410, Wetherby, North Yorkshire LS23 7LN. Fax: 01937 845381.



Where will the pharmacists

With a closing date of May 17, you've got three weeks to make your mind up on who to vote for in this year's Royal Pharmaceutical Society Council election. To help you reach a decision, *C&D* asked the nine candidates: "The Pharmacy in a New Age discussion paper (October, 1995) highlighted three possible future scenarios: (1) working in easily accessible premises with at least two full-time pharmacists employed; (2) operating from pharmacies situated within local health centres; (3) as part of a managed care organisation with medicines supplied through mail order, retail outlets or GP surgeries. Which of these scenarios do you wish to see coming to fruition in the 21st century, or do you have an alternative vision?"

Professor Bryan Veitch

Diversity in the delivery of pharmaceutical services has always been a strength of our profession. Further changes and diversification are inevitable.

The profession, the

Government and the public have their own agenda for the structure and function of pharmacy services. We must develop a strategy based on pharmaceutical knowledge, professional skills and flexibility to

meet changing needs.

There will be huge pressures brought to bear outside of the profession's control. But there is still room for diversity of service

in which the application of pharmaceutical care to the delivery of healthcare will ensure that the public gets the service it deserves on a cost-effective basis.

The functionality of

pharmacies and pharmacists must be responsive to the changing order and changing needs of society. There is no room for complacency

The management of medicines through to satisfactory therapeutic outcomes is

what we must offer as our contribution, via the multi-disciplinary team, to the patient. Premises, staffing and education should be shaped to this outcome.



The application of pharmaceutical care will ensure the public gets the service it deserves

Ann Lewis

Neighbourhood pharmacies and those in the High Street will provide for local residents. Their services will include the sale of medicines and para-pharmaceuticals for self-care.

Medication management will be based on automated dispensing with advisory services and compliance monitoring for long-term treatment. Collection and delivery, and domiciliary care will be available for elderly and house-bound customers. Monitoring and screening may be provided in collaboration with GPs.

Some pharmacies will specialise. Independents will form group practices. Pharmacies



These pharmacists will act as a link ... ensuring an integrated pharmaceutical service is provided

will also be in supermarkets, responding to customer demand for convenience, concentrating on self-care and sale of medicines. All pharmacies will have computer links with GPs and hospitals.

Pharmacists will also work in medical centres, as independent practitioners or on a contractual basis, providing advice on all aspects of medicines. They will be full members of the team.

These pharmacists will act as the link with their colleagues in neighbourhood pharmacies and hospitals

ensuring that an integrated pharmaceutical service is provided to the local population. Hospital pharmacies will provide specialist support to primary care.

Alan Nathan

I wish to see any scenario coming to fruition that will provide the best service to the public, and professional fulfilment and just financial rewards for pharmacists.

It could happen this way. Pharmacies are already operating within local health centres – it is a natural and logical development in primary healthcare. The pharmacist will be an integral part of the primary care team, responsible for all aspects of medicines management and supply, including selection and review of drug treatment. Managed care packages could be used for some types of patients.



A wider range of OTCs, so patients will use pharmacy more and the GP less

Most dispensing would be done in these pharmacies. The public would greatly appreciate the convenience of medical consultation and medicines under one roof.

Conveniently situated neighbourhood pharmacies will continue to exist, operating as the first port of call for health advice. A wider range of non-prescription medicines will be available, so patients will use the pharmacy more and the GP less. Relatively little dispensing will be done, but pharmacists will be paid for providing health promo-

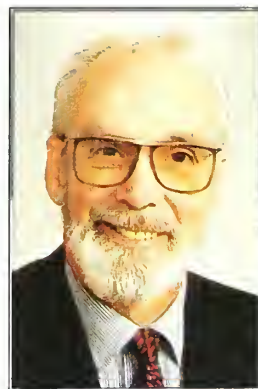
tion, and for residential home and other specialist services. At least two pharmacists per premises will be needed; independents would combine as partnerships to provide this.

Ian Caldwell

If the scenarios in the Pharmacy in a New Age document do nothing else, they emphasise that there can be no single ideal model for the future shape of pharmacy!

Commercially, independent pharmacies must embrace the benefits of co-operation with centralised purchasing, databases, information exchange and negotiating systems in order to live with the multiples. Pharmacies will be sited in surgeries, shopping malls and main streets.

Professionally, pharmacists will exploit the flexibility



Pharmacists will exploit the flexibility derived from their scientific knowledge to work with other professionals

derived from their broad scientific knowledge to work with other health professionals. Pharmacists will prescribe to medical diagnosis, both in surgeries and in pharmacies. Specialists will provide high tech pharmaceutical treatments in response to shortened hospital stays and as a result of the blurring of the boundaries between primary and secondary care.

This means anticipating change. Identifying, researching and costing new roles, then persuading the public and the paymasters of their worth and value. My preferred option? A blend of scenarios one and two.

practise in the New Age?

Hemant Patel

All the scenarios presented in the Pharmacy in a New Age discussion paper deal with the question from where, rather than how, pharmacists will practise. I prefer to deal with what the public expect from pharmacists first, and then design a system to deliver agreed objectives, which would include a place of practice.

People value the current distribution of pharmacies and prefer pharmacies in communities. Access to a pharmacy alone does not satisfy demanding consumers: they want human contact and also want to deal with a 'pharmacist who cares'.



We need to improve our four Cs: commitment, competence, congruence and cost-effectiveness

To do that we need to (a) improve our four Cs: commitment, competence, congruence and cost-effectiveness; and (b) define pharmaceutical care as 'the application of pharmacist's training, knowledge, experience and care management to ensure that patients gain the maximum possible health benefit from the experience'.

In my model, most pharmacists would operate from within the present distribution system, but with greater prominence, and provide many more knowledge-based services.

The pharmacy would be the first port of call for the bulk of the community's healthcare needs. This may require two or more 'specialist' pharmacists working in a pharmacy.

Pat Hoare

My vision for the 21st century combines elements of all three scenarios. It embraces flexible and responsive managed care delivery, using information technology to automate routine business tasks, train staff and retrieve information. Accessible pharmacists, dedicated to best practice and personal service, will market their skills and services to meet changing local health needs.

Pharmacists will use videophones to facilitate inter-personal communication when visiting is impractical. Multi-media terminals will expand communication using the Internet or Pharmacy Intra-net. Fully trained staff will



Pharmacists, prescribing within protocols, will be full members of the multi-disciplinary team

assist customers in interpreting information supplied by touch-screen diagnostic facilities. Swipe cards will be used for patient medication records.

Prescriptions will be automatically endorsed, priced, payment credited directly within days, sales records created and orders transmitted. Software packages will audit practice and monitor outcomes, producing data which can be made anonymous and sold.

Pharmacists, prescribing within protocols, will be full members of the multi-disciplinary healthcare team. Service specialisation combined with intra-professional collaboration may occur to keep pharmacy as the focal point for triage, providing direction to all other healthcare practitioners.

David Allen

Pharmacy in a New Age gives pharmacy the opportunity to map out the future as the profession wishes to see itself in the year 2000 and beyond. While only three scenarios have been painted by the Council, there are many conceivable variations.

The most efficient site in which to operate is one which is easily accessible to the public and professionals alike, and will vary up and down the country. The pharmacy must be manned by friendly, well trained, motivated pharmacists and counter staff, all of whom are able to spend



I believe the role of the pharmacist is to educate and motivate the public to use medicines wisely

regular time on training courses, honing up their knowledge and specialising in different fields. These pharmacies will have access to specialist consultant pharmacists who will be brought in to carry out specific tasks, such as asthma clinics, GP advice, etc.

I believe most strongly that the role of the pharmacist in the present and rapidly changing health service is to educate and motivate the public to use prescribed and purchased medicines wisely and correctly. In doing so, we must build up relationships with our patients which are based on trust and good professional advice.

Professor Geoffrey Booth

The New Age debate will not identify a single optimum scenario for the practice of pharmacy. At best it will alert the membership to the radical response demanded by a changing world. All professions have been challenged and pharmacy is no exception.

Plans for two full-time pharmacists per pharmacy are Utopian idealism.

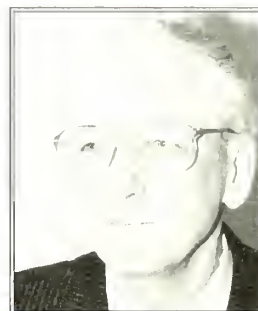
Neither manpower availability nor economic realism could sustain such a national picture. Pharmacies will operate within health centres and GP fundholder practices as multi-disciplinary co-operation

develops. Managed care will lead to greater competition for contracts on both price and quality basis.

These scenarios will form part of the future. Individual pharmacists must be ahead of potential developments, aware of opportunities and responsive to healthcare purchasers. Demand for healthcare will continue, even though

public provision is finite, and pharmacists must tap private spending.

Pharmacy's uniqueness lies in knowledge of medicines and pharmacists' perceived non-threatening accessibility.



Plans for two full-time pharmacists per pharmacy are Utopian idealism

Professor Ian Jones

I support the first two scenarios outlined in the New Age document, in principle, as long-term developments for community pharmacy in the 21st century. Pharmacies, whether in the community or in health centres, must be seen by other health service professionals, the public and Government as the right and proper environment to obtain all medicines and relevant advice.

In order for this ideal to be achieved, more than one pharmacist per pharmacy must be the policy. Research must establish the limits as to what constitutes a fair day's professional work for a practising pharmacist, then

planning on the number of pharmacists per pharmacy can begin to take place.

Some of the busiest pharmacies are owned or managed by 'single-handed' pharmacists who work under incredibly stressful conditions to supervise the professional work of the day. This situation is unsatisfactory and must change.

A new basis for NHS remuneration must be found

Change is necessary and inevitable. However, it must be gradual and evolutionary, so pharmacists can be trained, remunerated and motivated to provide a quality pharmaceutical service. A new basis for NHS remuneration must be found. The Society must take a lead.



PSNC to throw light on recruitment problems

The Pharmaceutical Services Negotiating Committee's financial executive is to undertake a survey of the recruitment problems facing pharmacists.

"We feel it is important to demonstrate to the Department of Health that getting pharmacists of sufficient quality and quantity is more than just a local problem," says chairman Wally Dove.

PSNC secretary Steve Axon points out: "Largely because of remuneration, pharmacists are not prepared to take the commitment to become managers or proprietors."

Remuneration PSNC has written to the DoH to rebut the 2.8 per cent increase in the global sum for 1996/97 and reiterated its push for a 6 per cent rise to allow for inflation and increased script volume. A plenary meeting has been arranged for May 9.

Average gross profit data The average gross profit data now

includes information from smaller pharmacies which fall under the professional allowance threshold.

The average gross profit for those dispensing 950 scripts per month is 13.5 per cent; 18.8 per cent for 1,115 per month; 18.2 per cent for 2,259 per month; 16.4 for 3,331 per month; 15.5 for 4,580; 14.7 for 6,379; and 13.9 for 10,032.

Director recruitment The Finance and General Provident Committee is expected to advertise for a new director within the next month.

LPC conference LPCs are being asked to comment on the format of the annual LPC conference and suggest possible improvements for next year's event.

Health economics Following the success of last week's health economics seminar, PSNC is producing a resource pack and undertaking a series of six roadshows for LPCs, starting in June.

The initiative is aimed at LPCs talking to health authorities on local funding for local projects. The pack and roadshows are sponsored by Glaxo Wellcome.

MP lobbying PSNC continues to press pharmacists to write to MPs over late payment and RPM, and has a target of 5,000 letters.

Oxygen PSNC is unhappy with the DoH's plans for oxygen devolvement and is seeking a meeting to negotiate the matter.

Cross-border arrangements LPCs are to receive advice on cross-border arrangements.

November conference PSNC is organising the third joint conference with the Royal Pharmaceutical Society and the Pharmaceutical Advisers Group at the Metropole Hotel, Birmingham, on November 7.

Presentations LPCs will receive a resource pack to help them make presentations to key figures in new health authorities.

NW hayfever audit under way

The north west of England's 1,600 pharmacists are being sent their hayfever audit pack this week (C&D February 24, p237).

In the two-phase initiative, participating pharmacists will have to audit their response to patient requests for terfenadine and astemizole products for two weeks, using their own pharmacy protocol. Pharmacists will record whether a sale is made, an alternative recommended, or if the patient is referred to the GP.

After training, the second phase will involve repeating the audit with a revised protocol for a further two weeks.

David Pruce, audit development fellow for England, is keen to encourage as many pharmacists as possible to take part as the data collected will provide pharmacy with "good ammunition" against adverse reports of pharmacist advice. "For the first time we will be producing good data on what pharmacists do," says Mr Pruce.

He adds that it will also offer participants the chance for individual feedback. "It will be a chance for pharmacists to look at how well they are doing compared with their colleagues."

Boots decision due next month

Boots the Chemists has appeared before a health authority service committee over its faxing of prescriptions from non-contract pharmacies to contract outlets.

Merton, Sutton & Wandsworth Health Authority refuses to comment on whether the company was found guilty of breaches of the Terms of Service, saying any decision is meaningless until it is ratified at a public health authority hearing on May 23.

However, reports in the pharmaceutical press suggest Boots was found guilty of two breaches of the Terms of Service at the April 12 hearing.

According to the Pharmaceutical Services Negotiating Committee's secretary, Steve Axon, if Boots is guilty and the decision is upheld, the HA's disciplinary options range from a warning or a financial penalty through to a possible striking off from the pharmaceutical contractor list, "which happens very rarely".

Boots will have the right to appeal against any disciplinary action.

Schaffer cases: two more struck off

Two Kent pharmacists who bought drugs at massive discounts from an unlicensed wholesaler, Pierre Schaffer, were ordered to be struck off the Pharmaceutical Register last week.

The Statutory Committee of the Royal Pharmaceutical Society heard that Stuart Nicholls of St George's House, Romney Marsh, bought drugs, marked as having been manufactured in India and Mexico, from Mr Schaffer between March and July, 1993, at a cost of \$2,460.

The dealer delivered the drugs in the boot of his car to the two pharmacies owned by Mr Nicholls in High Street, Dymchurch and Jefferstone Lane, St Mary's Bay.

Interviewed by Society inspector William Fowler in March, 1994, Mr Nicholls admitted buying the unlicensed medicines. He said he stopped dealing with Mr Schaffer "some considerable time before he was arrested".

Mr Nicholls, who admitted misconduct over the Schaffer dealings, also admitted a separate charge which involved his conviction at Folkestone Magistrates Court on March 14, 1995,

on seven charges of false accounting.

The charges referred to nearly 500 prescriptions which had been dispensed but not submitted to the Pricing Authority for payment.

They were all for patients who were not exempt from prescription charges but had been prescribed items which cost less than the then \$4.25 script charge. The prescriptions covered the period May-December, 1993.

The Statutory Committee found Mr Nicholls guilty of misconduct and ordered that he should be struck off. He was barred from making any application for restoration for at least six months.

The Committee also heard that Bajendra Patel of Manor Close, Canterbury, took the bait of Pierre Schaffer's "unbeatable offer", even though some of the medicines were marked that they were from India or Mexico.

Mr Patel admitted receiving 24 consignments of medicines from Mr Schaffer, totalling more than \$5,500 between November 10, 1992, and October 5, 1993. The purchases were made by Mr

Patel for his pharmacy at Hales Drive, Canterbury.

Questioned by the Society's solicitor, Josselyn Hill, Mr Patel admitted Mr Schaffer was a complete stranger to him and he should have been on his guard. He had even recommended buying drugs from Mr Schaffer two weeks after he had admitted he had no wholesale dealer's licence.

Mr Patel said he was fooled by the fact that Mr Schaffer had come back to him with a claim he was acting on behalf of a licensed wholesaler. Mr Patel's lawyer, David Reissner, told the Committee that, although his client admitted to misconduct, he was the only one of the "Schaffer case" pharmacists to have actually queried the wholesaler's credentials.

In striking off Mr Patel, the Committee barred him from making an application for restoration for at least six months.

Mr Nicholls and Mr Patel are the eighth and ninth of 17 pharmacists to face misconduct charges over purchases from the unlicensed wholesaler.

When you want Results you want Nailoid



*She's
discovered
the secret
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The sort of *Results* that come from a popular product re-packaged for today's market?

If you do, you want *Results* from Nailoid – 12 proven products to solve any kind of nail problem.

With that sort of push behind a proven nail treatment range, your customers will be asking for *Results* by name.

Our *Results* will mean financial *Results* for you.

Nailoid *Results* is available from all leading distribution houses, including Unichem, AAH and Gillespie & Co Ltd, distributors for N & S Ireland.

Please contact Juleen Harrhy on 01685 843384 for further information.

NAILOID – STILL PRODUCING PERFECT NAILS

Quo vadis, Quellada?

Quellada has now been off the market for so long that I had assumed it was completely discontinued, and this without any explanation from Stafford-Miller. Now it is back with not only a change of clothes but a whole new wardrobe as well! No longer will Quellada be an insecticidal product containing gamma benzene hexachloride, it has been totally re-formulated to contain malathion.

So when is Quellada not Quellada? The answer must be when it contains malathion. With this re-launch will come confusion and possible disaster to those patients for whom it is prescribed or recommended for use where malathion is unsuitable. It would have been far better for its name to have been left on the pages of history and a new name given to this new product when launched by Stafford-Miller.

In the field of insecticidal lotions, Seton presently has almost a universal monopoly. I would applaud the introduction of competing new products, as long as they can demonstrate positive advantage, but that competition should not be on the back of a brand name irrevocably associated with a different insecticide.

PILs: more questions than answers?

I have always advocated providing the maximum possible information to patients, but have tempered that provision by their ability to understand what is offered. When speaking face to face, this is not difficult but when it is in the form of a patient information leaflet supplied in a patient pack, problems can arise.

One young lady recently returned an unused pack of ciproxin after reading the leaflet and told me that "there is no way I am ever going to take that drug". I tactfully tried to explain the balance of risk,

Topical Reflections



but she was adamant and returned to the doctor for an alternative older antibiotic, but this time supplied without a PIL!

At first, I had thought that she was over-reacting, but after I also had thoroughly read the leaflet I agreed that it was enough to panic anyone.

I think the only reason that this has not occurred before is because the small print and mass of information has discouraged most patients from ever reading the leaflet!

But PILs will soon be a fact of life for every drug and I can understand that manufacturers will feel obliged to disclose all possible problems in order to cover themselves against future liability.

The downside is that rather than making my workload less onerous, they will cause it to increase. With this depth of information available to patients, it is now vital that, when started on a new drug, they fully understand the significance of the written information they are being

given. Informed choice is the customer's right, but the proper exercising of that choice is going to involve pharmacists in an awful lot of extra work!

Calling NPA business services!

As I increasingly adopt the mantle of a niche retailer, I am finding a rising demand of telephone calls from customers asking "do you stock ... I cannot buy it anywhere?". These customers are obviously taking the advice of J M Hartley literally, but after the third visit to the shelves to answer various questions I find my patience begins to wear a little thin! However, my goodwill has been built up satisfying minority demand.

To other shopkeepers my odd requests are just as time-consuming as those made of me, but recently I was expertly dealt with by the owner of a hardware store who I had phoned in order to obtain a particular door handle. He ingeniously answered on a portable telephone and then proceeded to deal with my query by talking to me as he searched his shelves.

The result was an instant answer to my every question and little time wasted by either of us.

Such a simple answer to an irritating problem. Perhaps the National Pharmaceutical Association should consider one of their famous, excellent value, bulk deals offering a composite answering machine, fax, and portable telephone which could satisfy all my needs!

PHARMACIST PEN PORTRAIT

Greg Miller



● **Qualified** in 1993 after graduating from Liverpool John Moores University the previous year and undertaking a split pre-reg at the Royal Liverpool Hospital and Boots the Chemists in Crosby.

● **Career** Locumed for three months in the Manchester area before managing the Warrington branch of Moss Chemists, where he also worked one day a week at Warrington General Hospital (when he was young and keen, says Greg). He took up his present position at Pharmacy Plus in Bedminster, Bristol, last October.

● **Projects** Greg is hot on health promotion, recently winning the Pharmacy Healthcare National No Smoking Day competition. He has also worked with local doctors on prescribing advice and formulary development, collaborated with the Health Promotion Unit on a primary school initiative to be set up shortly and is involved in the in-store Freephone medicine advice line. Several other projects are in the pipeline.

● **Committees** Vice chairman of Manchester, Salford and Trafford branch of the Royal Pharmaceutical Society last year; member of the Young Pharmacists' Group committee, chairman of the Donaghadee 'DAWGS' golfing society.

● **Interests** In the short gap of not talking pharmacy with the boys at Pharmacy Plus, Greg dabbles in the Internet and desk top publishing, plays the occasional game of squash and attends as many conferences as he can.

● **Outlook on life** "Have fun while y'er livin', for y'er a long time deid".

● **Pharmacy philosophy** "Challenge everything! Pharmacy has played second fiddle to others for far too long. We must drive pharmacists away from the supply function and into the roles that the 'experts on medicines' should be commanding. The wealth of opportunity that the NHS offers us in the way of providing services is huge and it only takes some imagination, commitment and a blatant disregard to those who say it can't be done."

Staphylococcus aureus, one of the common organisms that can cause eye infections.

When there's more than just something in their eye

You won't see these little chaps in your customers' eyes. But you should be able to tell an infection by the look of it – redness, discharge, grittiness.

That's when you know you can trust in Brolene, the first-choice recommendation for eye infections in pharmacy.

Available as ointment or drops, Brolene works hard against infection, yet is gentle on the eyes.

Brolene: anti-bacterial action against conjunctivitis, blepharitis, styes and other minor eye infections.



BroleneTM

The No.1 pharmacy eye care product for infections.

BROLENE. Active Ingredients: Eye Drops: Propamidine Isethionate 0.1% w/v. Eye Ointment: Dibromopropamidine Isethionate 0.15% w/v. **Indications:** Eye Drops: Treatment of minor eye infections. Eye Ointment: Treatment of minor eye and eyelid infections. **Dosage:** Eye Drops: One or two drops up to four times daily. Eye Ointment: Apply once or twice daily. **Contra-indications:** Hypersensitivity to ingredients. **Precautions:** Blurring of vision may occur on administration. Patient should not drive or operate machinery until vision is clear. If vision becomes disturbed, symptoms become worse or no significant improvement occurs after two days, use should be discontinued and medical advice obtained. Eye drops should not be used with soft or hard contact lenses. If pregnant or breast feeding use only if considered essential by physician. **Side Effects:** Hypersensitivity. **Price:** 10ml Eye Drops: RSP £2.99/Trade £1.78. 10g 5g Eye Ointment: RSP £3.19/Trade £1.90/£1.0. **Legal Category:** P. **Product Licence Number:** Eye Drops: PL0012/5087R. Eye Ointment: PL0012/5086R. Rhône-Poulenc Rorer. RPR House, St. Leonards Road, Eastbourne BN21 3YG. **Date of Preparation:** May 1995.

SCRIPTspecials

Betamethasone in mousse formulation

Evans Medical has introduced a foam mousse formulation of betamethasone valerate (0.12 per cent w/w). Bettamousse is indicated for steroid responsive dermatoses of the scalp, such as psoriasis.

For adults, the elderly and children over the age of six years the company recommends that no more than a 'golf ball-sized' amount of mousse (containing approximately 3.5mg betamethasone), or proportionally less for children, should be massaged into the affected areas of the scalp, morning and evening, until the condition improves. Patients should be advised to use the

product sparingly and allow the treated scalp to dry naturally.

If there is no improvement after seven days, the treatment should be discontinued. Once the condition has cleared, the improvement may be maintained by once daily applications or, in some cases, even less frequently. When treating seborrhoeic dermatitis in children, Bettamousse should not be used for longer than five to seven days. As with other topical corticosteroids, at least monthly clinical review is recommended if treatment is prolonged.

Using topical corticosteroids in psoriasis requires careful

supervision as there is a risk of developing generalised, pustular psoriasis, or local or systemic toxicity due to impaired barrier function of the skin.

Bettamousse is contra-indicated in cases of bacterial, fungal or viral infections of the scalp, and in dermatoses in children under six. As Bettamousse is an inflammable product, it should not be used near a naked flame and any other appropriate precautions should be taken.

The can, with a net weight of 100g, has a basic NHS price of \$7.50.

Evans Medical Ltd. Tel: 01372 364000.

Pasteur Mérieux MSD launches tetravalent vaccine

Act-HIB DTP, the first tetravalent vaccine from Pasteur Mérieux MSD, offers childhood protection against *Haemophilus influenzae* type D, diphtheria, tetanus and pertussis.

The new combination vaccine is being phased in now as stocks of separate Hib and DTP are run down, and replaces Act-HIB.

Act-HIB DTP is presented as a single pack. The DTP component is provided as a 0.5ml prefilled syringe, which is used as the diluent for reconstituting the vial of lyophilised Act-HIB vaccine. Combined they provide a four in

one vaccine in a 0.5ml injection volume, which is administered via the prefilled syringe.

For primary immunisation the dosing schedule is three injections, each of 0.5ml of combined vaccine, with an interval of not less than four weeks between the first and second doses, and not less than four weeks between the second and third. The vaccine can be administered to infants from two months of age. Oral poliomyelitis vaccine may be given simultaneously.

The shelf lives of the component vaccines are not identical

and, as a result, their expiry dates are different. The outer pack carries the earlier of the two dates. Once the outer carton expiry date has been reached, all components should be discarded.

To avoid any possible confusion between syringes containing ACT-HIB DTP and those containing only DTP, Pasteur Mérieux recommends that the tetravalent vaccine is not drawn up into the syringe for administration until just before it is needed.

Pasteur Mérieux MSD Ltd. Tel: 01628 785291.

MEDICAL MATTERS

EMEA not backing DoH on Pill warning

The European drug agency is not backing the Pill warning issued by the Department of Health last October. In a position statement, the Committee for Proprietary Medicinal Products stated that there was insufficient evidence to justify warnings about the desogestrel- or gestodene-containing oral contraceptives.

The statement also says that there is no evidence that, from a public health point of view, the other major benefits or risks (eg reliability of contraception) are different for the third generation contraceptives, although it admits "there may be benefits in quality of life for the individual".

The CPMP is requesting further analysis of the data presented, and will be following ongoing studies to evaluate to what extent biases and confounding have contributed to the differences in risk of venous thromboembolic events in users of desogestrel- or gestodene-containing and levonorgestrel-containing oral contraceptives.

Wyeth, manufacturer of Minulet and Tri-Minulet, welcomed the announcement. It is now seeking discussions with the UK regulatory authorities to determine whether the Government will be issuing new guidelines to clarify the situation.

A dummy for baby ...

Babies given dummies to keep them quiet may grow up to be less intelligent, suggests a new report in the *British Medical Journal*.

The study investigated the relation between breastfeeding and intelligence for almost 1,000 men and women for whom records were available.

Although adults who had been exclusively breastfed did score higher in the IQ tests, once adjustments were made for other variables no association was found between adult intelligence and method of feeding.

One surprising result was that adults who had used a dummy in infancy had lower IQs in adult life. Researchers suggested that babies with dummies may be less aware of what is going on around them or their placid behaviour may result in them receiving less attention than a baby who cries.

Rosemont's Methadose

The Methadose range from Rosemont Pharmaceuticals is the first UK-licensed oral liquid methadone concentrate for treating opioid drug addiction. Methadose 10mg/ml is coloured blue and can be diluted with blue Methadose Diluent. Methadose 20mg/ml is a pale brown colour. Both concentrates are sugar-free and contain no tartrazine or chloroform.

Rosemont Pharmaceuticals Ltd. Tel: 0113 244 1999.

Tramake from Galen

Galen has launched Tramake (tramadol hydrochloride 50mg), which is indicated for the management of moderate to severe pain. The basic NHS price for 100 capsules is £17.71.

Galen Ltd. Tel: 01762 334974.

Discontinuations

Knoll has discontinued Hydrocortistab Cream and Ointment and has no remaining stocks of either product. Yamanouchi is discontinuing Brocadopa 250mg x 250 capsules and Conotrane Cream 50g. Astra has discontinued Rhinocort Nasal Aerosol (budesonide) in line with the Montreal protocol to stop the manufacture of CFCs. Rhinocort Aqua remains available.

Knoll Ltd. Tel: 0115 924 0909.

Yamanouchi Pharma Ltd. Tel: 01932 345535.

Astra Pharmaceuticals Ltd. Tel: 01923 266191.

Flutamide from Cox

Cox is the first generic company to launch the anti-androgen flutamide 250mg in a calendar pack of 84 tablets. Discounts are available on the list price of £110.

Cox Pharmaceuticals Ltd. Freephone 0800 373573.

Depression management

The Eli Lilly National Clinical Audit Centre has developed a protocol on the management of depression for primary healthcare teams. It is designed to help audit the management of patients with major depression and contains full instructions. The protocols can be purchased for £6.50 (with binder) or £4.50 (without). Cheques made payable to the University of Leicester, should be sent to V Rolfe, Eli Lilly National Clinical Audit Centre, Leicester General Hospital, Gwendolen Road, Leicester LE5 4PW. Tel: 0116 258 4873.

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**A PENTIUM® PROCESSOR
PHARMACY SYSTEM
THAT REWRITES THE RULE BOOK**
(and its own CD's)



THIS IS IT

LINK Pharmacy Systems are pleased to offer Intel Pentium® processing power with the additional benefit of rewritable CD Rom. The market-leading, Intel Pentium® processor means you'll never get left behind, while the Panasonic PD drive will let you back up 80Mb of your patient medication record data in under four minutes. That's more than five times faster than the tape streamer it replaces.

The PD Rom's removable optical cartridge gives you a massive 650Mb of data storage capacity and you can rewrite the disks up to a million times.

There's a growing collection of CD software available today, including the new eBNF which becomes fully available to the pharmacist for the very first time, and the PD Rom system will play them all for you.

Intel Pentium® power, together with the best PMR, Interaction, and Prescription Endorsement software together with a fast and flexible storage medium that's easy to use, all in one state-of-the-art system – that really is something to write home about.

For more details of this unique system, contact your AAH Pharmaceuticals branch for an appointment with your LINK representative.



**PHARMACEUTICALS
LIMITED**

Lynx makes the move into male moisturisers

Elida Fabergé is launching the first mass market male moisturiser as part of its Lynx Skin Systeme.

It is a light, easily absorbed lotion, says the company, which is designed to help relieve the skin from dryness and to provide long-lasting moisturising protection.

The range now comprises six skus: Daily Face Moisturiser (\$3.49), Moisturising Shaving Foam (\$1.79), Moisturising Shaving Gel (\$2.39), Rehydrating

After Shave Lotion (\$6.95), Moisturising Shower Gel (\$2.29) and Sensitive Deodorant (\$2.39).

● The brand is being supported by a \$3 million promotional spend in 1996, including television and press advertising.

● Top Liverpool and England footballer Jamie Redknapp has put his name to a new skin care booklet for the Lynx Skin Systeme. 'Jamie Redknapp's



Guide to the Art of Skin Defence' emphasises the importance of skin care for men and the benefits that can be gained from using the Lynx Skin Systeme Daily Face Moisturiser.

The colour booklet will be available from June through editorial promotions in men's consumer magazines.

Elida Fabergé. Tel: 0181 481 6000.

Colgate earns its stripes

Colgate is reinforcing its position at the top of the oral care league with the launch of Colgate Total Fresh Stripe.

The company says that the new paste will appeal to lovers of striped toothpaste who are looking for a product that offers long-lasting protection against cavities, plaque and tartar build-up, and against

gum problems.

The cool mint flavour, green and white-striped paste contains Colgate's patented Tricloguard (a combination of Triclosan and Gantrez).

Available in 50ml and 100ml laydown tubes and a 100ml pump dispenser, prices are the same as Colgate Total (£1.09, £1.92 and £2.25 respectively).

The launch will benefit from the return of the Colgate Total toothpaste

'brushing that works between brushing' advertising, which has been updated to include the striped version.

Colgate-Palmolive Ltd. Tel: 01483 302222.



Making a bit of a splash

Cover Girl has reformulated Pro-Aqua Marathon lash defining waterproof mascara. Ideal for swimming, it is smudge-proof and long-lasting. It is also ophthalmologist-tested and suitable for contact lens wearers.

Pro-Aqua Marathon

Mascara features a specially-designed curved brush to provide even application. It is available in a choice of three shades – black, brown and ultra blue (£3.49 for 9ml).

Proctor & Gamble (Cosmetics & Fragrances) Ltd. Tel: 01932 896000.

Keeping sex safe 'n' fun

Keeping the message of safer sex alive is a humorous new national advertising campaign for Durex condoms. Part of a \$2 million relaunch spend on the brand, the advertisements are appearing in young adult magazines for the next four months.

The campaign focuses on new Safe Play condoms – a product aimed at young adults who want safety combined with fun, and features a naked couple with picture bubbles capturing their thoughts. **LRC Products Ltd. Tel: 01992 451111.**

Renu on the radio

Renu contact lens solutions from Bausch & Lomb take to the airwaves in May and September as part of a £500,000 national radio advertising campaign. Designed to raise consumer of the convenience of Renu, the campaign will be backed in some areas by additional on-air promotions and competitions.

● Bausch & Lomb contact lens products are now distributed to pharmacies by Carter-Wallace. **Carter-Wallace Ltd. Tel: 01303 850661.**

Fragrance sales to hot up this summer

International Classic Brands is offering a host of special promotions to help boost summer sales.

In its Ma Griffe range, prepacks, including a merchandiser and a tester, are available which enable retailers to offer a free 200ml bath product with every purchase over \$9 (or two free bath products with any purchase over \$13).

Attached to these free items, as an added bonus, is a 2ml sample of Carven's latest scent, Eau Vive. The miniature flacon is a replica of the full-size bottle.

In Eau Vive, another



prepack is available which enables the retailer to offer a free 200ml Eau Vive Bath & Shower Gel with every

60ml or 125ml eau de toilette spray.

A promotion on both Ma Griffe and Worth's Je Reviens enables consumers to choose two 50ml sprays of either for the price of one (\$13.95). The two sprays are packed together in an acetate box with a corner flash detailing the two for one offer.

The prepack also includes testers for both fragrances.

For men, the company has cut the rrp of its

100ml Worth Pour Homme edt sprays from \$15.95 to \$7.95. As an extra incentive, each pack will come with a free Worth Pour Homme deodorant stick. This will be presented in a blue tube, bound on to the paisley carton. The promotional price is highlighted by a sticker on the clear band binding the two items.

Finally, in the Morny bath range, all products will be available at a special price of \$1.99 each.

International Classic Brands. Tel: 0181 579 6060.

Hard TV push

Soft & Gentle anti-perspirant deodorant is being given a heavy TV push this spring as part of a \$2.5 million investment in the brand.

The campaign features three new advertisements, in three bursts between April 22 and June 30. The third will introduce a "revolutionary new product launch".

Colgate Palmolive Ltd. Tel: 01483 302222.



£500,000 promotional exposure this year

- Efamol is the original name in Evening Primrose Oil-based products — and still the best. There are now keenly competitive prices for Efamol brands: to attract new customers and extra business.
- Efamol brands have NEW consumer advertising and direct mail campaigns for 1996. The promotional budget is over £500,000.
- Point-of-sale materials are available from our Sales Operations Department. Please ring: 01306 742800.

Efamol[®]



Efamol Ltd., Weyvern House, Weyvern Park, Portsmouth Road, Guildford, Surrey GU3 1NA.

Efamol is a registered trademark of Efamol Ltd.

Relief at their fingertips.



**Movelat
Relief**

Movelat Relief
has a unique indication -
for the relief of mild to
moderate arthritic pain.

Relief from arthritic pain at your fingertips.

Now, help is at hand for everyone who gets a touch of arthritic pain. Movelat Relief is the first topical treatment for mild to moderate arthritic pain available from your pharmacist without a prescription. Movelat Relief has two powerful ingredients. One helps stop pain and inflammation, the other helps ensure the main ingredient passes rapidly through your skin to reach the painful joint.

So, next time you feel a touch of arthritic pain, reach for Movelat Relief and soothe away the pain. Ask your pharmacist about Movelat Relief today. Available in Cream or Gel, 40g and 100g packs. Always read the label.



**Movelat[®]
Relief**
For the relief of mild to moderate
arthritic pain.

Movelat Relief

will be supported by a
£3 million campaign, including national
TV and press advertising.

ABBREVIATED PRODUCT INFORMATION

Presentation: Movelat/Movelat Relief Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph.Eur. 2.0% w/w in a white cream base. Movelat/Movelat Relief Gel contains the same active constituents in a colourless gel base. Indications: Movelat/Movelat Relief is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of pain in musculo-skeletal conditions including sprains and strains. Dosage: Adults, the elderly and children over 12 years: Movelat/Movelat Relief Cream: Two to six inches (5-15cm) to be massaged into the affected area up to four times daily. Movelat/Movelat Relief Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times daily.

And profit at yours.



Since its OTC launch last year, non-prescription sales of our effective topical treatment for arthritic pain have increased significantly.

Now, Movelat for OTC sales has new packaging and a new name - **Movelat Relief**.

Throughout 1996, our TV commercials and advertisements in national newspapers will make arthritic pain sufferers aware of the new name, **Movelat Relief**.

As the only topical OTC product for the relief of mild to moderate arthritic pain, **Movelat Relief** is going to be a massive profit-maker during 1996. The handy new 40g pack, introduced specifically in response to requests from pharmacists, gives you an extra way to profit. Cash back on 100g is £2.07, and on 40g it is £1.23.

What's more, the new packaging will establish a clear difference between **Movelat Relief** and the Movelat prescription range.

So for profits at your fingertips, make sure you keep plenty of **Movelat Relief** handy.



Movelat[®]
Relief

mucopolysaccharide polysulphate (MPS), salicylic acid

**For the relief of mild to moderate
arthritic pain.**

Contra-indications: Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. Precautions: For external use only. Not to be used during the first trimester or during late pregnancy. Side-effects: Allergic skin reactions may occur in individuals sensitive to salicylates. Legal Category: P. Pack Details: Movelat/Movelat Relief Cream (PL 8265/0008), Movelat/Movelat Relief Gel (PL 8265/0009); Trade Price: £4.14 per 100g tube, £2.51 per 40g tube. Retail Price: £7.30 per 100g tube, £4.40 per 40g tube. Full product information is available on request from the Product Licence Holder: Panpharma Limited, Repton Place, Amersham, HP7 9LP. Date of Preparation: February 1996.

panpharma

SANKYO GROUP

Television first for Relaxyl

Relaxyl is breaking new ground this year with the launch of a dedicated television advertising campaign. It is the first time a treatment for IBS has been the focus of a TV commercial.

Entitled 'Spanner in the Works', the Relaxyl advertisement is on-air in the Granada region for the next four weeks.

● Currently over 2.5 million people have been diagnosed as sufferers from IBS, yet it is thought that as many as 12 million are likely to experience its effects at some stage in their lives.

By advertising this distressing condition, it is hoped to encourage people to seek advice from their pharmacist and ensure IBS is recognised by others as a real condition.

Whitehall Laboratories Ltd. Tel: 01628 669011.

Golden Kwai

Lichtwer Pharma has repackaged Kwai Garlic tablets with emphasis on their heart care message.

The new packs carry a heart symbol and an additional gold foil stripe to signify its premium positioning. Full nutritional information is also carried, together with a statement indicating suitability for diabetics.

The heart care message ties in with the company's Heart Care '96 campaign. **Lichtwer Pharma UK Ltd. Tel: 01628 487780.**

Minty additions from Jacksons

Mac Oral Spearmint is a new sugar-free mint which bridges the gap between the medicated confectionery market and the oral hygiene market. This long-lasting mint freshens the breath and actively stimulates saliva production – thus neutralising plaque acids. The active ingredient, amylmetacresol, kills bacteria in the mouth and throat.

Mac Oral retails at \$0.49 for a 12-lozenge pack. Manufacturer Ernest Jackson is running a national sampling campaign for

Mac Oral through the summer months.

Also new from the same company is Victory V Strong Mint. This has the same distinctive texture as the Traditional Victory V, but with an extra-strong peppermint flavour. The pack contains 15 lozenges and retails for \$0.39.



Ernest Jackson & Co Ltd. Tel: 01363 772251.

Nelsons goes for spray option

Nelsons has unveiled two new sprays at Helfex to complement its revamped first aid skin care range.

Pyrethrum Spray (30ml, £3.50) for insect stings is available to the trade from now and Hypercal Spray (30ml, £3.95) for cuts and abrasions from mid-May. The company expects to increase sales by 20 per cent with the launches.

A Nelson & Co Ltd. Tel: 0181 780 4200.

Potter's standard look

Potter's (Herbal Supplies) has taken on board European Union licensing and labelling regulations in the repackaging of its herbal products.

The company has aimed for minimal packaging and opted instead for a comprehensive full-wrap label rather than a patient information leaflet.

In addition to the formula declaration,

dose, side-effects and contra-indications, the labels also carry information on what each constituent is indicated for.

The company says that the comprehensive information puts its herbal products firmly on a par with mainstream medicines.

The new look is a result of 12 months of research.

Potter's (Herbal Supplies) Ltd. Tel: 01942 234761.

Crookes' E45 push targets medics

Crookes Healthcare has expanded its medical sales division to promote its products to GPs and primary healthcare nurses.

The team will focus initially on the E45 dermatological range, promoting complete emollient therapy (CET) in atopic eczema.

The company will encourage prescribers to advise patients on CET by replacing soaps and

detergents with E45's emollient cream/ointment, bath oil and soap substitute.

At the press launch of the medical arm, Dr Michael Cork, consultant dermatologist at Sheffield's Hallamshire Hospital, said CET is a crucial, yet underused, aspect of atopic eczema treatment, but was extremely effective in mild to moderate cases.

Pharmacists will also benefit: "We believe this is a great support for pharmacy," says Ken Allan, Crookes' director of sales. "The more prescriptions we get written by GPs and the more recommendations, the more pharmacy is going to benefit through increased sales and profit of E45."

Crookes Healthcare Ltd. Tel: 0115 9539922.

Dust mite breakthrough

MFZ Z-Net is a new line of bedding nets which has been proven to eradicate house dust mites from bedding, and to prevent reinfestation for at least 18 months.

Developed at a London medical research institute, the range of mattress, duvet and pillow nets are made from a permethrin-impregnated, multi-filament fibre, which has been specially developed to provide a controlled release of permethrin. The nets are to be used under normal sheets.

Prices for the mattress net start at £29.99 for a single, £32.99 for a large single, £34.99 for a double, £39.99 for a king size and £44.99 for an emperor size. In duvet covers, a single size is priced at £29.99, a double at £34.99, a king size at £39.99 and an emperor at £44.99. A pillow case cover costs £14.99.

Currently only available by mail order (add £3.99 post and packing for each order), a national roll-out is planned for early autumn.

Currently each mail order received gets a free treated duster worth £2.99. **Demite Ltd. Tel: 01666 826285.**

Quellada M launched

The Quellada lice and scabies range has been reformulated and relaunched. Quellada M is available as a liquid, containing malathion 0.5 per cent (50ml at rrp \$3.39 and 200ml at \$8.49), and a cream, containing malathion 1 per cent (40g for \$3.75). Quellada M does not contain alcohol. **Stafford-Miller Ltd. Tel: 01707 331001**

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BACK CARE SYSTEM

Neck & Lumbar pain relief ...

The Lumbar Roll, behind your back, brings pain relief when sitting, the Neck Roll, inside a pillow case, creates peaceful sleeping.

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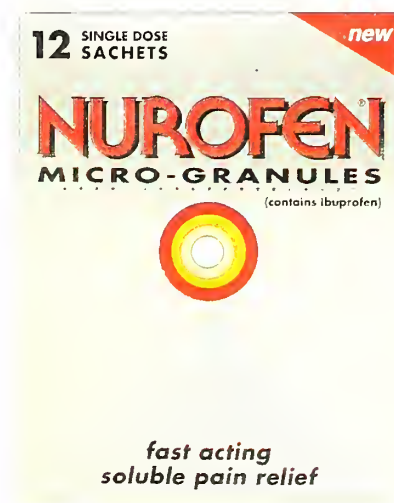
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To find a soluble analgesic that won't leave a bad taste in your mouth



range a test

Finding out why 96% of people thought Nurofen Micro-Granules were pleasant tasting couldn't be easier. Your Territory Manager will be calling soon so you can try Nurofen Micro-Granules for yourself. Gently effervescent, with an orange flavour, Nurofen Micro-Granules offer all the pain relieving benefits of Nurofen in a unique formulation customers will like. With Nurofen Micro-Granules you can now recommend a soluble analgesic that you know won't leave a bad taste in the mouth.



contains ibuprofen

A tasteful solution to pain

Nurofen Micro-Granules. Each sachet contains 400 mg Ibuprofen B.P. **Indications** Effective in the relief of headaches, cold and flu symptoms, rheumatic and muscular pain backache, fever, migraine, period pain, dental pain and neuralgia. **Dosage and Administration** Adults and children over 12 years: Initial dose 1 sachet, then if necessary 1 sachet every 4 hours. Do not exceed 3 sachets in any 24 hours. **Precautions and Warnings** As with some other pain relievers, Nurofen Micro-Granules should not be taken by patients with a stomach ulcer or other stomach disorder or hypersensitivity to ibuprofen. Patients receiving regular medication, asthmatics, anyone allergic to aspirin, and pregnant women

should be advised to consult their doctor before taking Nurofen Micro-Granules. Each sachet contains 132 mg (approximately 6mEq) sodium. This should be considered for patients who over 11mEq of sodium must be restricted. In normal use, side effects are rare, but may occasionally include mild gastrointestinal intolerance and bleeding, and skin rashes. Not recommended for children under 12. If symptoms persist for more than 3 days patients should consult their doctor. **Product Licence Number** 03270081 **Licence Holder** Crookes Healthcare Limited, Nottingham, NG2 3AA **Legal Category** P **Price** Nurofen Micro-Granules, 6 x 21, 69, 12 x 42, 45 Date March 1999

Caught on film

Fujifilm has just launched a new range of products for its Advanced Photo System, backed by a heavyweight television advertising campaign.

A 30-second version of the commercial is currently being rolled out nationally on ITV and Channel 4. A shorter example will follow in a major campaign from the middle to the end of June.

The new range of cameras includes the Fotonex 4000SL – the only SLR camera available this spring to feature Advanced Photo System technology. **Fuji Photo Film (UK) Ltd. Tel: 0171 586 5900.**

Fresh look for Sure

Elida Fabergé has introduced a revised look for Sure giving it a modern, fresh appeal. Updated graphics highlight a new 'Ultra Dry' claim and clearer variant branding has been designed to ease customer selection.

The relaunch is being supported by a TV campaign running until October as part of an \$8 million MEAL spend on the brand. The new



advertising heralds the return of the Sure 'tick' of confidence. **Elida Fabergé. Tel: 0181 481 6000.**

New Era for point of sale

Combination II, the hayfever remedy from New Era, is currently being supported by a new range of point of sale material.

A giant display pack, showcards of the full New Era range and the current advertisement are now available to pharmacists.

Also available to give away free to customers is a leaflet written by Dr Caroline Shreeve, offering advice on dealing with hayfever

and explaining how the homeopathic remedy can help. Both POS and leaflet supplies can be

obtained from the Seven Seas' sales force.

New Era Laboratories Ltd. Tel: 01482 75234.



Back to basics

Bach Flower Remedies is launching an educational scheme for pharmacists and their assistants.

Retail training packs consisting of a question and answer module, an easy to use product chart and a competition will be distributed to pharmacies via territory managers from May.

A second module will come out in September and those who complete both modules will receive a certificate. The training programme is also supported by a series of nationwide seminars.

Nelsons is investing £500,000 in PR and advertising, including educational seminars at the *Cosmopolitan* health and beauty show, London, May 3-6.

A Nelson & Co Ltd. Tel: 0181 780 4200.

A lot of hot air

The BabyLiss Hot Air Styler is a versatile new hair appliance designed to achieve different styles in minutes (\$17.99).

Features include two heat/speed settings and three styling attachments to suit all hair types, lengths and styling needs. The narrow teeth of the chrome comb make it ideal for smoothing, straightening and adding flick-ups to hair.

BabyLiss is supporting the launch with a \$1.5 million press advertising campaign which will run throughout the year. ● The hot air styler market is one of the fastest-growing sectors of the hair care business showing 34.1 per cent growth last year (MAT 1995).

BabyLiss (UK) Ltd. Tel: 01420 85857.

Anadin drive

Anadin Extra can now be seen on a liveried taxi cab in and around London. This is the first time a medicine has been advertised in this way. **Whitehall Laboratories Ltd. Tel: 01628 669011.**

AAH best buys

Top of the AAH Pharmaceuticals' best buys for April is the Impulse Body Spray range. Other top-selling, specially-discounted lines include the Gillette Sensor range, Kleenex tissues, Robinsons cotton wool, Milk of Magnesia and Solpadeine. **AAH Pharmaceuticals Ltd. Tel: 01928 717070.**

Vantage talc offer

An introductory offer of six for the price of four is a feature of new Vantage Medicated Talc. A discount of 33 per cent is available until May 31. **AAH Pharmaceuticals Ltd. Tel: 01928 717070.**

Healthy bones

A four-month TV and press advertising campaign (worth £750,000) is under way for Seven Seas' latest addition to the Pure Cod Liver Oil combination range – One-a-Day Plus Pure Cod Liver Oil and Calcium. **Seven Seas Healthcare Ltd. Tel: 01482 375234.**

Top for customer care

Discover 2 home pregnancy test has come joint first as the best brand for overall customer care service in a new survey on customer care. The survey investigated telephone advisory services for 128 top brands – from washing powders to dog food. **Carter-Wallace Ltd. Tel: 01303 850661.**

Bottoms up

Poly-Lina is supporting independent pharmacy sales of Nappy Sacks with a sampling promotion. Before the end of May, over 20,000 trial packs will be offered to all customers purchasing Fitti nappies. **Poly-Lina Ltd. Tel: 0181 804 8141.**

ON TV NEXT WEEK

Anadin All Night: G, Y, T

Alberto Culver VO5: U, STV, C, A, HTV, W, M

Ambi-Pur perfume: All areas except U

Bisodol: B, G, Y, C, M, TT, C4

Colgate Palmolive Soft & Gentle: All areas

Johnson's Baby moisturising bath: All areas

Johnson's Kids bubble bath: All areas

Johnson's Kids shampoo: All areas

Gillette Natrei Plus: All areas

Neutrogena T/Gel shampoo: All areas

Nizoral Dandruff shampoo: Sat

Nurofen Plus: All areas

Relaxyl: G

Rennie: All areas

Seven Seas Cod Liver Oil: C4, SC4

The Wrigley Company/Sugar Free Brands: All areas

GTV Grampian, B Border, BSkyB British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry

Superbrush super offer

Until the end of May, Superbrush from Dent-o-care is available on special offer at 14 for 12.

Orders of three outers or more also qualify for a 10 per cent discount.

Recently repackaged, the triple-headed toothbrush has been found by a clinical study conducted by the Department of Preventative Dentistry (Humboldt University) in

Berlin to be more effective in removing plaque and preventing gingivitis than either a traditional or an electric toothbrush.

Dent-o-care Ltd. Tel: 0181 459 7550.



Asthmatics using press-and-breathe inhalers may not be getting the most out of life...



“...at least half of adult patients...
are obtaining little or no benefit from using...
[the press-and-breathe inhaler]”¹

“...patients are not aware of
inadequate inhalation technique or the
consequent sub-optimal bronchodilation”²

A young man asks whether his new drug treatment, propranolol, could be affecting his other medication. Since his first course last week, he's noticed feeling increasingly queasy and bloated, with wind-like pains, although he can't pinpoint exactly when this started. He says he's been fine taking fluoxetine for depression for over a year, and he's long had cimetidine for when he gets stomach upsets. The propranolol is supposed to help him cope with some worries over his new job, but he wants to stop taking it because he has an important presentation coming up tomorrow

Age of under 12 years	Initials and one full forename
Yrs mths	
Address	

acy Stamp	No. of days treatment N.B. Ensure dose is stated	NP	Pricing Office use only
Fluoxetine 20mg od (60)			
Cimetidine 200mg PM (30)			
Propranolol 40mg tds as before (10)			
Signature of Doctor	Date		

Questions

1 Do you think there is an important interaction between propranolol and the other drugs in this case? What is your reasoning?

2 Gastro-intestinal symptoms are common with SSRIs. Could this, or something else, account for the symptoms?

3 Would you agree that he should stop taking propranolol?

4 What other actions could you suggest?

Answers

1 Cimetidine inhibits the hepatic metabolism of propranolol, increasing its blood levels. The same is true of fluvoxamine, but not fluoxetine. This is not generally considered clinically significant, since the betablocker undergoes extensive first-pass metabolism and blood levels vary widely. Furthermore, both drugs are being taken as required and it is unlikely that sustained blood levels will occur.

2 The symptoms are vague and could be associated with propranolol, the anxiety itself, or an exacerbation of the underlying dyspepsia – or even a change to a new diet at work.

Fluoxetine would be an unlikely cause had its long use been trouble-free – most gastro-intestinal symptoms resolve in the first few weeks of treatment – but you can't exclude the possibility in this case that cimetidine is being used to treat some persistent adverse effects.

3 There seems to be no reason why he shouldn't stop taking propranolol: there is no risk of withdrawal and it's not succeeding in its purpose of helping him to cope with anxiety. You should warn him that this may not resolve the symptoms.

1 Check with his GP if you can. You should, anyway, encourage him to consult his doctor at the earliest opportunity to exclude any sinister gastro-intestinal problem and persistent problems with fluoxetine.

Salamol Easi-Breathe™ Inhaler Salbutamol BP Inhaler

(Please refer to full data sheet before prescribing)

Presentation Metered-Dose Aerosol supplied in a Breath-Operated Inhaler containing 200 doses. Salamol Easi-Breathe Inhaler delivers 100mcg of Salbutamol BP per actuation.

Uses Provides automatic actuation of inhaler with inspiration. For the treatment and prophylaxis of bronchial asthma.

Dosage and Administration Use as required. Adults: Acute bronchospasm and intermittent episodes of asthma including relief of symptoms – one or two inhalations as single dose. (ii) Chronic maintenance or prophylactic therapy – two inhalations three or four times daily. (iii) prevent exercise induced bronchospasm – two inhalations should be taken before exertion. Children (i) Acute bronchospasm and episodic asthma, including relief of symptoms, or before exercise – one inhalation. (ii) Routine maintenance or prophylactic therapy – one inhalation three or four times daily. The doses in children may be increased to two inhalations. Children should be supervised. Allow 4 hours between each dose. No more than 4 doses in 24 hours.

Contra-indications Managing premature labour, threatened abortion. Hypersensitivity to any of the components.

Warnings Potentially serious hypokalaemia may result from beta₂-agonist therapy and may be potentiated by concomitant drugs or hypoxia – serum potassium level should be monitored in this situation. Propranolol and other non-cardioselective beta-adrenoceptor blocking agents antagonise the effect of salbutamol.

Precautions Cautious use in patients with hyperthyroidism who are hypersusceptible or who are suffering from diabetes mellitus, serious cardiovascular disorders, hypertension. Alternative or additional therapy including corticosteroids should be instituted promptly in asthmatic patients whose condition deteriorates despite salbutamol therapy. Adverse metabolic effects of high doses of salbutamol may be exacerbated by concomitant administration of high doses of corticosteroids.

Side Effects Potentially serious hypokalaemia (see Warnings). Salbutamol may cause fine tremor of skeletal muscle, palpitations, muscle cramps, slight tachycardia, restlessness, headache and peripheral vasodilatation. Reports of hyperactivity in children or hypersensitive reactions are rare.

Pregnancy/Lactation Use inhalers only if the potential benefit outweighs the risk.

Product Licence Number and Basic NHS Cost

PL 0530/0399 £6.30

Legal Category POM

Further Information is available on request from Boker Norton, Gemini House, Flex Meadow, Harlow, Essex CM19 5TJ

Beclazone Easi-Breathe™ Inhaler

Beclomethasone Dipropionate BP Inhaler

(Please refer to full data sheet before prescribing)

Presentation Metered-Dose Aerosol supplied in a Breath-Operated Inhaler containing 200 doses. Beclazone Easi-Breathe, Beclazone 100 Easi-Breathe and Beclazone 250 Easi-Breathe Inhalers deliver 50, 100 and 250 microgram Beclomethasone Dipropionate BP per actuation of the valve.

Uses Provides automatic actuation of inhaler with inspiration. For the management of bronchial asthma, especially in patients inadequately controlled by bronchodilators and sodium cromoglycate.

Dosage and Administration Use regularly. Adults: Beclazone 50 and 100 Easi-Breathe Inhalers; 100 microgram three or four times daily. Beclazone 250 Easi-Breathe Inhaler, 500 microgram twice a day or 250 microgram four times a day. Elderly, no dose adjustment necessary, including patients with renal or hepatic impairment. Children, Beclazone 50 and 100 Easi-Breathe Inhalers; 50 to 100 microgram two to four times daily. Beclazone 250 Easi-Breathe Inhaler is not indicated for use in children.

Contra-indications Hypersensitivity to the ingredients.

Precautions Patients should be instructed in the correct use of inhalers. May induce systemic corticosteroid effects (weight reduction in plasma cortisol levels) and adrenal suppression (above 2000 microgram daily) – monitor adrenal function and provide systemic steroids in appropriate cases. Caution in patients with history of, or active, pulmonary tuberculosis. Avoid sudden cessation of treatment.

Pregnancy/Lactation Use inhalers only if the potential benefit outweighs the risk.

Side Effects Paradoxical bronchospasm – discontinue use immediately and seek medical advice. Candidiasis, hoarseness or throat irritation – relieve by rinsing throat with water.

Product Licence Numbers and Basic NHS Cost

Beclazone 50 Easi-Breathe Inhaler

– PL 0530/0451 £4.34

Beclazone 100 Easi-Breathe Inhaler

– PL 0530/0452 £8.24

Beclazone 250 Easi-Breathe Inhaler

– PL 0530/0453 £18.02

Legal Category POM

Further Information is available on request from Boker Norton, Gemini House, Flex Meadow, Harlow, Essex CM19 5TJ

Date of Issue January 1996

Date of Preparation December 1995

**BAKER
NORTON**

The freedom to prescribe

Salamol, Salamol Easi-Breathe, Beclazone, Beclazone Easi-Breathe and Boker Norton are trademarks of Norton Healthcare Limited.



The Easi-Breathe breath-operated inhalers are designed to help save lives. Perhaps it doesn't matter that many asthma patients can't use their salbutamol inhaler properly – they just take more doses until they feel an effect – but with a preventative, such as beclomethasone, the results could be serious.

Easi-Breathe inhalers offer both these therapies in breath-operated inhalers that breathe new life into asthma treatment. Literally, all you do is open... breathe... and close. There's no need to co-ordinate release, and the low inspiratory effort makes Easi-Breathe suitable for a wide range of patients.

Easi-Breathe

Beclazone *Easi-Breathe*

Beclomethasone Dipropionate BP
50, 100 & 250 microgram inhalers

Salamol *Easi-Breathe*

Salbutamol BP
100 microgram inhaler

Of course, you'd give all your asthma patients a better inhaler if you wasn't an issue. Well, now it isn't. Easi-Breathe beclomethasone inhalers actually cost up to 22% less than ordinary press-and-breathe inhalers and the salbutamol is also competitively priced (even before eliminating those 'extra puffs') – so there's no need for patients to use another inhaler for either of these treatments.

Beclazone and Salamol Easi-Breathe inhalers are convenient, economical, simple and effective. They're designed for living and priced for everyone.



Sufferers choose it for speed
 You recommend it for peace of mind
 Brilliant new deal for you in 1996

With Clarityn Allergy, hayfever sufferers get what they want; relief from symptoms within minutes¹ – nothing works faster! What's more they'll stay alert throughout the day² and be sure of a full 24 hours relief³ from a single tablet.

With Clarityn Allergy you get all the peace of mind you need. Clarityn Allergy has two metabolic pathways⁴ so there are no clinically relevant drug interactions.^{5,6,7}

Equally important, Clarityn Allergy does not potentiate the effects of alcohol.⁸

Last but not least, there's a brilliant new deal for you and your customers in 1996 – an unbeatable 35% POR on both Clarityn Allergy and Clariteyes, and a new 7 tablet pack for the same retail price as last year's 5 tablet pack.



Product Information

Clarityn Allergy. Clarityn Allergy tablets contain 10mg loratadine. **Indications:** For the relief of symptoms associated with hayfever, allergic rhinitis and urticaria. **Dosage:** Adults and children aged 12 and over: One tablet once daily. **Contra-indications, precautions:** Hypersensitivity. Pregnancy and lactation. **Side-effects:** Rarely, fatigue, nausea and headache. **Pack size:** Cartons of 7 tablets. **Retail price:** £3.95. **Legal category:** [P]. **Product licence number:** 0201/0175. **Product licence holder:** Schering-Plough Ltd., Welwyn Garden City AL7 1TW. Date of last revision: August 1994.

Clariteyes. Clariteyes Eye Drops contain sodium cromoglycate Ph.Eur. 2% w/v. **Indications:** For the treatment of acute seasonal (allergic) conjunctivitis including hayfever. **Dosage:** Adults, children and teenagers: One or two drops into each affected eye up to four times daily. **Contra-indications, precautions:** Hypersensitivity. **Side-effects:** Transient blurring of vision, burning, stinging may occur. **Pack size:** 10ml. **Retail price:** £3.95. **Legal category:** [P]. **Product licence number:** 0201/0191. **Product licence holder:** Schering-Plough Ltd., Welwyn Garden City AL7 1TW. **Manufacturer:** Wellcome Pharmacology Ltd., Runnymede, Surrey TW20 1DF. Date of preparation: January 1994. Prices correct at the time of going to press.

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Vaginal thrush

This is one in a series of
Chemist & Druggist training
seminars for pharmacists
and their assistants,
sponsored jointly with a
company having a particular
expertise in the title subject



Dr Terry Maguire, a proprietor pharmacist and senior lecturer at the School of Pharmacy, The Queen's University of Belfast, gives advice on counterprescribing for vaginal thrush

Seminar

No. 33

A common complaint

Vaginal thrush is a common condition. Almost all women have at least one episode during their life.

It is only within the last few years, with the switch of vaginal imidazoles and other treatments from POM to P, that community pharmacists have been given the chance to extend their role in supplying treatments for the condition.

Where a complaint is self-limiting, minor in nature and a safe and effective treatment exists, there is no reason why community pharmacists should not supply a medicine. In general, vaginal thrush fulfils these criteria.

It is a professional requirement that pharmacies have protocols for the supply of OTC medicines. The first point of patient contact in most pharmacies is the

counter staff. Protocols must identify the responsibility of the assistant when someone asks to buy a product or asks for advice on symptoms.

The 'WWHAM' questions are widely used, but are only satisfactory as long as the assistant knows what action to take based on the answers given. Clear instruction is essential. The protocol should also state what the pharmacist should do when involved in the supply of medicines.

To this end, the questions in the 'AS METHHOD' mnemonic might be preferable, since they allow for discussion of lifestyle issues which are important with many symptoms, including vaginal thrush.

Age of the patient?
If the patient is under 16 or over 60, then referral to the GP is required.

Self or for someone else?
If the person asking for a

product is not the person that intends to use it, then the patient's age, etc, must be established.

Medicines being taken?

A number of medicines can cause thrush. These include broad spectrum antibiotics, the contraceptive pill and steroid therapy.

Exactly what do you mean?

Embarrassed customers may be reluctant to describe their condition. It is important, however, that the patient's diagnosis is not taken for granted and it should be established that the main symptoms are present, ie a milky, creamy discharge and itching of the vulva. If another condition is suspected, the patient should be referred.

Time or duration of symptoms?
Thrush is a self-limiting condition, but is unacceptable to most patients, who will opt for some therapy within two to three days of

contracting it. If a patient reports more than two attacks in the past six months, then referral is necessary.

Taken anything or seen the GP?

Anyone who reports thrush for the first time must contact their GP.

A patient who has seen the GP and who has used an effective remedy should be questioned on how they used it. If the method seems to be satisfactory, then an alternative vaginal infection should be considered, which will require referral to the GP.

History of disease

The patient might, for example, be a non-insulin dependent diabetic who has until now been controlled on diet and exercise alone. The diabetes may have deteriorated and sugar may be appearing in the urine which provides an ideal environment for the development of thrush.

History of a sexually

transmitted disease would require referral to the GP, but unearthing this information is often difficult in a pharmacy.

Other symptoms

If there is abdominal pain, a blood stained discharge or irregular bleeding, fever, difficulty in urinating, or ulcers or blisters in the vaginal area, then the patient should be referred to the GP. Doing anything to alleviate or worsen the condition?

This question covers lifestyle and health promotion issues, and since some of these concern sexual activity, the pharmacist must treat the patient with understanding. An assertive and sympathetic approach is key to ensuring patient confidence and reducing embarrassment.

Intra uterine devices, sexual intercourse, and harsh or perfumed products can all cause thrush, due mainly to

damage to vaginal tissue. Occlusive or tight-fitting underwear which causes sweating will predispose the patient to vaginal thrush.

Treatment

Where it is established that the complaint is vaginal thrush and there is no need to refer to the doctor, then there are a number of treatments to consider:

Vaginal imidazoles

These are presented as creams,

pessaries, or vaginal tablets. The key to successful treatment is to ensure a sufficient dose reaches the site of the infection, high in the vagina. Specific intra-vaginal therapies have been introduced for this.

Vaginal creams are more soothing than pessaries and may be an advantage in post-menopausal women who suffer vaginal dryness. Creams for external use, such as Canesten 1 per cent, may provide

Causes of vaginal discharge

Dr Philip Hay, a senior lecturer/honorary consultant at St George's Hospital, London, looks at the various causes of vaginal discharge

Many women experience abnormal vaginal discharge at some time in their lives. The amount of normal discharge varies from woman to woman and is usually increased in the middle of the menstrual cycle.

At least 25 per cent of women attending clinics of genitourinary medicine receive treatment for one of the three common causes of abnormal vaginal discharge: bacterial vaginosis, candidiasis and trichomoniasis (Figure 1). These conditions all primarily affect the vagina.

Normal vaginal discharge is white, becoming yellowish on contact with air. It consists of epithelial cells from the vagina and cervix, mucus originating mainly from the cervical glands, bacteria and fluid.

Causes of abnormal discharge

1 Candidiasis Vaginal candidiasis is often considered a relatively trivial condition. However, it can cause severe discomfort. Some 80 per cent of women will experience at least one episode in their lifetime. For most women it responds to simple treatments and is a transient experience.

Candida albicans, a yeast-like fungus, is responsible for approximately 80 per cent of cases. *Torulopsis glabrata* accounts for around 10 per cent and a variety of other *Candida* species for the rest.

The fungus commonly lives as a commensal organism in the mouth, anorectum, nails and vagina in asymptomatic women.

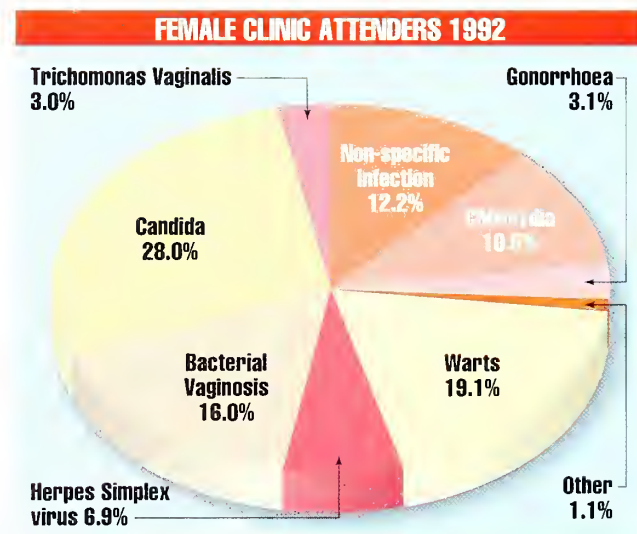
Itching of the vulva or vagina is the most common symptom. This may be accompanied by soreness in the vagina extending to the vulva or into the groin. Pain when urine comes into contact with skin, frequency and soreness in the vagina during intercourse are common. The typical discharge is white or yellow, thick and has a curdy consistency, but in some cases the discharge is thin and watery, or looks normal.

Vaginal candidiasis can be treated with topical or systemic anti-fungal agents. It is preferable to use topical agents which limit the likelihood of serious systemic side-effects.

Some women develop frequent attacks. In many cases, no underlying cause can be identified. Tight-fitting clothing induces a moist, warm environment, which is thought to encourage growth of the yeast. The use of vaginal douches, soap and antiseptics should be discouraged strongly.

Women who are immunosuppressed, eg from taking steroids, may suffer from frequent episodes. Candidiasis is also common in pregnancy and women with diabetes mellitus.

2 Bacterial Vaginosis BV is the commonest cause of abnormal vaginal discharge, affecting between 12-25 per



cent of women of child-bearing age. In infected women the usual *Lactobacillus*-dominated flora of the vagina are replaced by an overgrowth of many anaerobic organisms, including *Gardnerella* and *Bacteroides*.

It is a recurrent relapsing condition which may have a spontaneous onset and resolution. An offensive, fishy smell is the principal symptom. This is usually associated with an increased watery discharge which may be white or yellow. Itching and soreness are not a feature. Such symptoms suggest the co-existence of candidiasis or trichomoniasis.

BV is diagnosed by finding changes in the bacterial flora on microscopy of vaginal fluid. Up to 50 per cent of women with bacterial vaginosis are asymptomatic at the time of diagnosis.

It can be treated with a

course of metronidazole, 400mg twice a day for five days, or topical 2 per cent clindamycin cream. Some women have frequent relapses of BV, within a month or two of treatment.

3 Trichomoniasis *Trichomonas vaginalis* causes an intensely irritant vaginitis, and a profuse, purulent discharge. It is regarded as a sexually transmitted pathogen, although it may lie dormant for several months. It is much less common than thrush or BV.

Three-quarters of the women with the condition present with an abnormal vaginal discharge. About half report vaginal soreness, itching or pain during intercourse (dyspareunia), and 10 per cent report an offensive smell which may be due to associated BV.

Metronidazole 400mg twice a day for five days is the standard treatment. It is important that sexual partners

temporary relief, but do not treat the cause and so must be used in conjunction with other preparations.

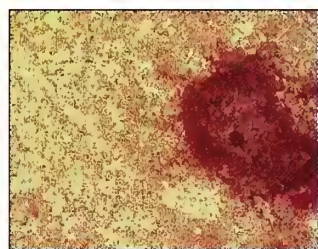
For compliance it is best to recommend a single dose product (eg Canesten 1), and there is little evidence to suggest that this is any less effective than lower strength pessaries nightly.

Oral treatments

Oral fluconazole 150mg (Diflucan), as a single dose

capsule, is available OTC for vaginal thrush. It has been shown to be as effective as local treatments, but less relapse has been reported with systemic treatment. It is thought that with local treatments re-infection occurs due to carriage of infection from the rectum.

Oral treatment has advantages for some women, but cost is a factor and the possibility of drug interactions needs investigating.



A Gram stain of vaginal fluid from a woman with bacterial vaginosis. There are large numbers of small cocci (round bacteria). The epithelial cell covered with bacteria is called a 'clue cell'.

are screened and treated. Clotrimazole has some activity against *T vaginalis*, so it may produce partial relief of symptoms without cure.

Other causes discharge

Women who have a cervical infection with *Chlamydia trachomatis* or *Neisseria gonorrhoea* may notice a mucus discharge. If the cervix is inflamed from such infections there may be bleeding after intercourse or between periods.

It is important that these conditions are recognised, as untreated cervical infections can progress to pelvic infections which are associated strongly with subsequent ectopic pregnancies, tubal infertility and chronic pelvic pain.

Primary genital herpes usually causes marked soreness, and the presence of many spots and sores should lead to the correct diagnosis.

Many women on noticing 'an infection' attempt to eradicate it by washing with soap or antiseptics such as Dettol. This tends to exacerbate any vaginitis or candidal infections by suppressing the lactobacilli.

Practical management

Abnormal vaginal discharge is a common presenting

symptom which is most often due to candidiasis or BV. It is important, however, that women with cervical or pelvic infections are identified, treated and have their sexual partners treated.

When is it safe to recommend treatment with an OTC preparation for thrush, and when should a woman be advised to be examined by her GP?

Thrush is the likely diagnosis for a woman who has vaginal itching with a thick, curdy white discharge. If the diagnosis has been confirmed previously, she is like to recognise it accurately. Under such circumstances a trial with an OTC treatment is appropriate.

The woman should be advised to seek medical examination if the treatment fails to provide relief. If recurrences are frequent, a doctor's opinion should also be sought.

BV is the most likely diagnosis for a woman presenting with an offensive smelling discharge which may be thin and white or yellow without itching or irritation.

A woman who has both itching and an offensive discharge may have BV associated with either thrush or trichomonas. Women with these symptoms should be referred for treatment.

It is difficult to identify accurately from their symptoms women with chlamydia or gonorrhoea. Women with lower abdominal pain or abnormal bleeding need a medical opinion.

Women who have changed their sex partners in the previous six months, and those who are aged less than 25 have an increased incidence of sexually transmitted infections and should be referred more frequently than older women in stable relationships.

Patient perceptions

Stere Beck, Canesten brand manager, looks at consumer perceptions of thrush

Thrush is not life-threatening but is one of the 'inconveniences' suffered in life by women.

There is little or no stigma associated with the condition, and sufferers should always be reassured of this. A recent NOP survey of 122 women aged 18-50 indicated an encouraging level of confidence and knowledge among those who have experienced the problem.

Though not associated with sexual activity, typically the first onset of thrush occurs post-puberty. A GP consultation is the recourse for the first-time sufferer.

Basic appreciation that the condition is fungal in origin and varied in trigger-cause was demonstrated by two-thirds of sufferers surveyed. As the chart below illustrates, incidence levels vary, with one-third having only one attack in a 12-month period. But as many as one in six suffer six or more attacks per year.

Management of thrush is simple: first treat the itch, then address the cause: 91 per cent of sufferers surveyed cited itching as the most prominent and pernicious symptom, though 89 per cent acknowledged the need to tackle the cause alongside immediate relief.

The majority in the survey claimed to prefer access to OTC treatment, although only 24 per cent go straight

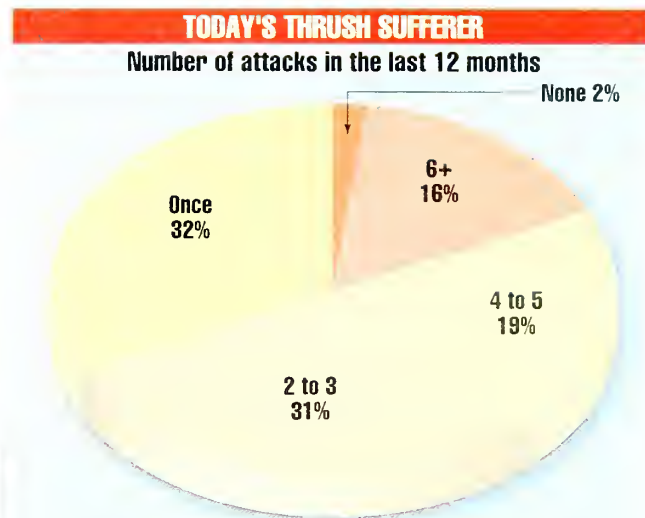
to a pharmacist. Why so few? Apart from the first-time sufferer, for whom the GP is the only route, the patient recognises the symptoms and understands the condition. Her time is at a premium and fast relief is needed, so why not pharmacy first?

We know 40 per cent of patients are willing to discuss their symptoms with the pharmacist, and 24 per cent would seek additional information from this source. Patients need to appreciate that the most frequently prescribed products are available OTC.

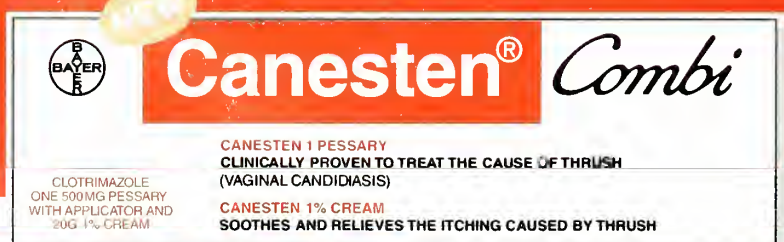
Making the right products available OTC is only part of the solution; presenting them in a way that best helps the sufferer manage her problem is our responsibility. Combating the itch is the priority and for many women this makes a cream alone the most popular choice.

Tackling only the symptoms in this way leaves a perception that more fundamental GP-initiated treatment is required. But OTC treatment need not be confined to only mild cases. Correct advice and guidance towards a suitable pessary, used with or without an antifungal cream, will provide effective treatment of the condition at source.

With the increased range of OTC remedies available, the need for vigilance in identifying the most appropriate approach for each patient must be stressed.



All you need to stock to get rid of thrush.



Stock up now for the massive £2 Million TV and women's press campaign

Relieves itch immediately. Itch is the most common symptom of vaginal thrush and an itch needs immediate relief. New Canesten Combi contains a handy tube of 1% clotrimazole cream for immediate soothing relief.

Treats infection fast. And a single dose pessary to be used at a convenient time to clear the infection fast. With massive support and Canesten's unrivalled position as market leader the only interactions you're likely to see will be with new customers.

Relieves itch immediately • Treats infection fast

Abridged Prescribing Information. Presentation: One Canesten 1 Pessary (containing 500 mg Clotrimazole BP) plus a 20 g tube of Canesten 1% cream (containing 1.0% Clotrimazole BP). Uses: Pessary for candidal vaginitis; cream for associated vulvitis and to treat the sexual partner to prevent reinfection. Dosage and Administration: **Adults** The pessary should be inserted intravaginally, preferably at night, using the applicator provided. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent reinfection. **Children** Paediatric usage is not recommended. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings and Precautions:** Medical advice should be sought if this is the first time the patient has experienced symptoms of candidal vaginitis. Before use, medical advice must be sought if any of the following are applicable: More than two infections of candidal vaginitis in the last six months; previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease; pregnancy or suspected pregnancy; aged under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal anti-fungal products. Do not use if the patient has any of the following symptoms, whereupon medical advice should be sought: Irregular vaginal bleeding; abnormal vaginal bleeding or a blood-stained discharge; vulval or vaginal ulcers, blisters or sores; lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment; fever or chills; nausea or vomiting; diarrhoea; foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by the clinician. If used during pregnancy, extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Legal Category:** P Package Quantities and Basic NHS Cost: 1 x 500 mg pessary packed in foil, plus a 20 g tube of Canesten 1% cream. An applicator for the pessary is included, £4.25. **Product Licence Numbers:** Cream 1% 0010/0016R; 500 mg Pessary 0010/0083. Further information available from: Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone (01635) 563000. Date of Preparation: July 1995. © Bayer plc, January 1996.

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Reinventing Superdrug

Superdrug has embarked on a rapid expansion of in-store pharmacy and a refurbishment programme to strengthen its image as a leading High Street health and beauty retailer. Lisa Oxlade finds out if all is going according to plan

The sign reads: 'Pharmacy stores opened this year: 48. Total 53'. It greets you as you enter Superdrug's headquarters in Croydon, and bears testament to a busy year for the company.

Steven Round, Superdrug's business director for pharmacy, and Barry Simner, the company's pharmacy controller, spent the whole of 1995 building up an internal company infrastructure to support the introduction of pharmacy into some of its 700 stores.

"We've had a good year," says Mr Round. "We saw 1995 very much as a year of learning. We've opened some good stores and some not so good stores and now we're becoming much more acute about what works for us and what doesn't."

Superdrug is expanding its pharmacy presence at an impressive rate – almost 50 stores last year and at least as many again this year are on the cards. The expansion is being driven by the success of the stores that already have pharmacies.

Mr Round has just signed off the 1996 budgets with Superdrug's parent company, Kingfisher: this year he has around 80 per cent more to spend on pharmacy roll-out than he did last year.

The roll-out has been very successful so far: the presence of pharmacies has increased margins and profits – the 'halo' effect of having a pharmacy "is as high as 30 per cent, but that is an exception, and as low as nothing", says Mr Round.

Consumers have

reacted very positively to the introduction of pharmacies. "In consumers' minds Superdrug is already a health and beauty retailer, therefore pharmacy sits very well in our offer. When we put a pharmacy in, we are effectively giving people another reason to visit the store. When customers visit the pharmacy, they often buy other things."

"The consumer research that we have to date says that we are doing a good job. What we have found is that, once the pharmacy is in, we build on the number of scripts we purchased [with the contract]."

Expansion strategy

Superdrug has stuck to its original plan of not getting involved in auctions for licences. Purchasing a licence is a commercial decision for Superdrug, explains Mr Round. "For some of our retail competitors it is less so. Whether the pharmacy



Barry Simner: building internal infrastructure

acy pays its way directly seems less important to them than us – or that is our perception." Auctions push the price up to commercially unjustifiable levels, he says.

All Superdrug's contracts so far have come from minor relocations of contracts purchased from independents situated near an existing Superdrug store. Acquiring licences to transfer into stores has not been easy.

"We were perhaps naive at the beginning about how easy it would be to find sites [willing to sell their licence]. And then, even more than the finding, the difficulty of actually managing the relocation of licences to our stores took us by surprise."

"Expansion was slow to start

with, but we've created a good momentum now we understand the vagaries of the system. We're much better at arguing our case and much better at identifying sites where it is feasible to move the licence."

Independents are becoming more willing to consider an offer from the company than they were a year ago, says Mr Round, "because we have an honourable way of dealing and we're straight. In certain cases we have employed the pharmacist and increasingly we take the staff [from the premises purchased]."

However, Superdrug has not succeeded in obtaining any new NHS licences. Mr Simner believes that the company is having problems because "the regulations concerning the approval of new contracts are not necessarily being applied in the way that they were originally intended in terms of premises being both necessary and desirable."

"I think we have proved, and others have proved, that certain premises are both necessary and desirable, but licences are not being granted."

The company currently employs 50 pharmacists in its stores and five regional head office pharmacists who report to Mr Simner. It also has more than 200 pharmacy assistants in training. Mr Round is pleased with the success of Superdrug's drive to recruit pharmacists: "We offer an excellent training environment and we've been singularly successful in attracting young pharmacists who want to build a career in a business that is in its early stages of development."

Alongside the launch of pharmacies, Superdrug is introducing a new image to its stores: the

Continued on P574 ►

We're becoming much more acute about what works for us and what doesn't

◀ Continued from P573

'new concept' is still being refined, but as a rule, as pharmacies are added to outlets, the whole store is given a new look.

Business plan

The company is expanding its own-label range: "This year will see a lot of exciting launches in the areas of skin care, oral care, body and hair care, and cold relief, as well as improved formulations and packaging on a number of existing brands.

"The biggest thing to happen in skin care this year is the launch of Purite, a premium range developed specifically for sensitive skin. Also significant is the launch of new mainstream and premium dental ranges, and a children's line-up," comments Mr Round.

In five years' time, Mr Round hopes to have 800 stores that are bigger and more High Street-driven. He believes that the company's task in the coming years is to "maintain our price heritage without building cost into the business. We must move with the times and currently we are reinventing what Superdrug is. We want to keep the best of our heritage, but we need to meet the needs of the customer or the patient of the day".

The company will be looking



Superdrug's Bristol pharmacy – role model for the future

at new markets and bringing its value for money philosophy to areas not touched by that before, such as fine fragrances. In 1995, Superdrug convinced Yves St Laurent to give it authorised distributor status and Mr Round believes that several other fine fragrance companies will follow suit in the near future.

We must move with the times and currently we are reinventing what Superdrug is

This move is concurrent with a move out of areas where Superdrug is not a strong retailer, for example household products, which Mr Round believes is primarily the province of grocery.

This strategy, explains Mr Round, will make Superdrug a stronger High Street health and beauty retailer, although the company already holds second position in the UK market and is also the sixth largest health and

beauty retailer in Europe.

To strengthen its image with the consumer Superdrug has embarked on its first-ever television advertising campaign. "The move to TV advertising reflects our commitment to building Superdrug's image as a health and beauty specialist as well as being 'shopper's champion'.

"The creative execution is a first in advertising terms, as it stars genuine Superdrug customers, none of whom worked from a script or were directed by the advertising agency or a film crew.

"Instead we installed cameras in our customers' homes and asked them to talk for a few minutes every day on anything from beauty products to boyfriends. The result is a series of 40-second commercials that are very lively and completely natural.

"Fortunately for us, we believe that there is a niche for a more responsive, friendly, up to the minute, fun retailer. We believe that much of our competition is austere. We believe that our position is health, and by health we do mean in the widest possible context, including professional pharmacy.

"We are building a pharmacy operation of the 1990s, not one that has its basis in history, but we want to be no less professional than the highest standards currently achieved around the country," concludes Mr Round.

STOP HAYFEVER EYES

Fast

Take a look at Otrivine Antistin

CIBAVision[®] Ophthalmics

CIBA Vision Ophthalmics,
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OTRIVINE-ANTISTIN ABRIDGED PRESCRIBING INFORMATION
Presentation: Aqueous solution of 0.05% w/v antazoline sulphate 0.5% w/v with Benzalkonium Chloride Ph Eur 0.01% w/v as a preservative. Also contains: boric acid, disodium edetate, sodium tetraborate and water.
Uses: For temporary relief of redness and itching of the eye due to seasonal and perennial allergies such as hay fever, or allergy due to house dust. **Dosage and administration:** Adults: 1 or 2 drops instilled 2-3 times per day into the conjunctival sac. Children 5-12 years and the elderly: No specific studies have been performed in these patients. Due to possible systemic effects caution must be exercised and the dosage reduced to 1 drop instilled 2-3 times per day. The eye drops should not be used in children under the age of 5 years. When necessary, mydriatics or miotics may be administered simultaneously with Otrivine Antistin Eye Drops. **Contra-indications, Warnings, etc.** **Contra-indications:** Hypersensitivity to any of the components of the formulation. Presence of narrow angle glaucoma. The use of monoamine oxidase inhibitors within the last 14 days. Use with contact lenses of any type. **Precautions:** In patients who are receiving medication for hypertension, cardiac irregularities, hyperthyroidism or diabetes mellitus, particular caution should be exercised. Caution should be observed in patients with recent previous eye disease or surgery. Not suitable for patients suffering from dry eyes without first seeking medical advice. Rebound congestion may follow continued use. Inflammation arising from infection should receive appropriate antibacterial therapy. Use in pregnancy and lactation. Not recommended unless considered essential. **Drug Interactions:** None reported. **Side effects:** Slight transient local stinging may occur. Very occasionally blurred vision, headache and drowsiness. **Overdosage:** There is no experience of overdosage. **PL Number:** 866/5002 **PA Number:** 582/5/1 CIBA Vision Ophthalmics, Flanders Road, Hedge End, Southampton, SO30 2LG England. Basic NHS/GMS price £3.49, 1R £3.48. Legal Category 2. Date of preparation March 1996. CVO Ref 287



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Soothing relief for itchy hayfever eyes

Product Information: Opticrom Allergy Eye Drops: Solution containing sodium cromoglycate 2.0% w/v with benzalkonium chloride, disodium edetate, purified water. **Use:** For fast, effective treatment of itchy, watery or inflamed eyes caused by seasonal allergic conjunctivitis. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions:** Do not use whilst wearing soft contact lenses. Caution should be exercised during the first trimester of pregnancy. Discard any remaining contents four weeks after opening the bottle. **Warnings:** If patients suffer from allergic eyes for more than 3 months of the year, they should see a doctor or pharmacist. This product should not be used continuously for more than 3 months without the advice of a doctor. **Dosage:** 1 or 2 drops into each eye 4 times daily. **Side effects:** Transient burning, stinging and blurring of vision. **Packaging quantities:** 5ml and 10ml bottles. **RSP:** £2.99 for 5ml and £3.99 for 10ml. **Legal category:** P. **Product licence number:** 0113/0161 **Licence holder:** Fisons plc, Coleorton Hall, Leics LE67 8GP. Opticrom is a registered trademark of Fisons plc. Date of preparation: February 1996.

*Nielsen J/A '95

MKT/OPT/196/96

Key to the New Age

Seven key organisations summarised their views on Pharmacy in a New Age at the National Association of Women Pharmacists' conference in St Anne's on Sea last weekend. Most agreed that pharmacists' greatest strengths were their accessibility and expertise – which needed constant updating with mandatory continuing education – and that they should be less tied up with dispensing

The thorny question of pharmacy size and location is fundamental to the future of community pharmacy, said Alan Facer, regional member of the National Pharmaceutical Association's Board of Management.

As the profession assumed a wider role in primary care, there would be a natural evolution towards bigger and probably fewer pharmacies. But rational location should be achieved "by carrots not sticks", with proper consultation between the profession and Government. Proprietors should be offered incentives to relocate or amalgamate, not discouraged by financial attrition. The Government was limiting pharmacies by "chopping them off at the knees".

"This blunderbuss approach is crude, indiscriminate and has resulted in a considerable amount of anger," he said.

The NPA is finalising its 27-page submission on the New Age document this week.

It believes the pharmacist's prime function is to ensure that drug therapy is cost-effective and that medicines are taken correctly. The key role should be providing information, not "counting, pouring and sticking".

Mr Facer said that ease of access and informality were among pharmacists' greatest strengths, but any role extension would be feasible only if the service benefited the consumer and was demonstrably cost-effective.

If pharmacists were to survive as experts in medicines, they would need to subscribe to lifelong learning, he added.

The College of Pharmacy Practice agrees that the increased clinical knowledge required by phar-

macists of the future will have to be supported by lifelong learning. Brian Riley, a governor and secretary of the College, envisaged some community pharmacies becoming "open access centres", offering special services, such as warfarin monitoring, smoking cessation and medication reviews. He thought that, eventually, community pharmacists should be able to prescribe within certain limits. They should monitor prescriptions, prepare and maintain formularies and use electronic systems to evaluate data about medicines. They would need access to medical records and diagnosis, which would be helped by smart cards or patient registration with the pharmacy.

The theme of the future was evidence-based medicine, he said, and pharmacists should make sure that they were involved. Formal links between primary

and secondary care could be established using information technology. Giving the views of the Young Pharmacists' Group, Andrew Burr said the future depended on the knowledge and skills of individual pharmacists rather than the outdated pharmacy model. Pharmacists would not want to spend four years studying for a degree just to count tablets. He thought employee pharmacists would change the profession by "walking with their feet" to more patient-focused practice. He envisaged them being employed by clinics and large managed care organisations, being outcome-driven and working as part of a team to enhance patient care.

The Royal Pharmaceutical Society should register pharmacy technicians to take on more routine dispensing, enabling pharmacists to develop as true experts and as the "safeguard of medicines".

He also thought there would be a move towards GSL medicines and wondered if the profession was being protectionist in opposing such moves.

The Guild of Hospital Pharmacists believes the ability to adapt to change will be one of pharmacy's most important strengths during the next 15-25 years. Hospital pharmacists had moved "from the basement to the bedside", said Jeff Ashford, director of pharmacy at Blackpool Victoria Hospital.

Most hospital pharmacies had highly-skilled support staff, which

was not always the case in community practice. In future, more dispensing could be delegated to trained technicians, allowing community pharmacists time to exercise their skills more effectively.

The slogan should be: "Lick, stick and pour – out; value added services – in," he suggested.

Fiona Madden, secretary of the British Pharmaceutical Students' Association, hoped the four-year degree would allow

more time for training in clinical pharmacy, therapeutics, communication and presentation skills, and counter prescribing.

She suggested that pharmacy students could give health lectures to schools on HIV, giving up smoking and contraception. The BPSA also wanted mandatory continuing education.

The UK Clinical Pharmacy Association agrees there should



Lady Constance Perris has been elected president of the National Association of Women Pharmacists, taking over from Pat Hoare. A retired hospital pharmacist from Birmingham, Lady Perris intends to continue the NAWP's "networking and mentoring" role and to strengthen links with other professional women's organisations. Brenda Ecclestone from Stroud becomes the new secretary and vice president, while Barbara Maude from Coventry takes over as treasurer and registrar

be a move away from the provision of medicines to the provision of information, for which an up to date knowledge of therapeutics is essential.

Continuing education was the key and should be mandatory, said Duncan Petty, a clinical pharmacist and prescribing adviser in Leeds. Pharmacists should evaluate evidence for the effective use of medicines and communicate information to patients and GPs.

Remuneration should be based on pharmacists rationalising the use of medicines.

Giving NAWP's views, immediate past-president Pat Hoare said that recent manpower surveys showed a growing proportion of women entering the pro-

fession, who were more adaptable in their working patterns. If rational location resulted in fewer pharmacies, there could be three to four pharmacists per pharmacy, offering a range of services in each locality. This could lead to a higher quality of pharmacy.

NAWP agreed pharmacists should be less involved in dispensing and in the sale of non-pharmacy goods.



This blunderbuss approach is crude and indiscriminate

Alan Facer



A knowledge of therapeutics is essential

Duncan Petty

ORAL Hygiene



NEW IMPROVED SENSODYNE 

Contrary to popular belief, the way our breath smells is not influenced by what is happening in our stomach. In other words, an upset or acid stomach does not affect our breath. This is because air from our upper gastro-intestinal tract does not normally mix with the air we exhale, unless of course there is an underlying problem, such as oesophageal reflux or hiatus hernia.

While there are some medical reasons for bad breath, such as sinusitis, emphysema or diabetes, the overwhelming cause of halitosis is what happens in our mouths. Even offending foods and tobacco cause only a small percentage of the problems.

Causes

The odour of halitosis comes from the bacterial production of sulphur compounds – from the proteins we eat, from debris and from the cells of the mouth lining that are shed in a natural process, like the outer layer of the skin. One of these compounds, hydrogen sulphide, is the one that makes rotten eggs smell.

The bacteria that cause halitosis are from a family termed 'anaerobic'. These bacteria thrive in places where there is little or no air – under the gums, in the crevices of the tongue and between the teeth – where they multiply and create halitosis. They are especially active in gingivitis and gum disease and on the surfaces of the tongue.

Our mouths harbour a slightly acidic environment, which normally makes it an unfriendly place for bacteria. However, when the mouth dries, for example when sleeping with our mouths open, there is an increase in halitosis, hence 'morning breath'.

Foods like milk, thick juices, creamy foods, sauces and even stain-causing foods, like coffee and tea, leave substances that lodge in the papillae of the tongue and cover the bacteria, allowing them to grow undisturbed.

Other sources of halitosis are poorly-fitting dentures, faulty fillings and crowns, which often trap food in the gums, and dental and gum abscesses that drain pus into the mouth. Candidiasis (thrush), which is common in older adults and the chronically ill, can also

Take your breath away



Halitosis can be embarrassing – people spend millions on mouthrinses and mints to freshen their breath before they are ready to face the world. Dental practitioner Mervyn Druian looks at the causes and cures for this unsocial condition

cause bad breath. Mouth odours also occur with oral cancers, which represent 2.5-5 per cent of all cancers.

Diagnosis

An examination for halitosis should include a full medical and dental history, X-rays and a

detailed visual examination. Scraping the coating from the tongue and flossing between the teeth, waiting a few seconds and then testing for any telltale smell could help to identify the problem site.

There is also a diagnostic tool, which is more scientific than a

human nose. The Halimeter is a machine that measures the volume of sulphur compounds present in a sufferer's breath.

Treating the problem

Once a positive diagnosis is made, treatment can begin. This is usually done by a dental hygienist, who removes debris from the mouth by scaling and polishing the teeth, and irrigating the whole mouth.

This initial treatment is to remove bacteria from the mouth, but to effect an improvement in the condition, patients must be taught and motivated to improve the oral hygiene routine they carry out every day in their own homes.

Treatment could also include work on underlying periodontal conditions and/or faulty restorations. Chlorine dioxide mouthwashes may help to eliminate the volatile sulphur compounds in the breath by acting as an oxygenator.

Self-help

Halitosis sufferers can help themselves by carrying out a proper dental hygiene routine at home. Proper tooth-brushing is essential. In addition to the variety of manual toothbrushes on the market, there are electric and even ultrasonic brushes that are very effective.

Dental flossing is also important to complement the brushing of teeth.

A valuable addition to the fight against halitosis is the tongue scraper. This device is very simple to use – just stick your tongue out, place the curved portion as far back on your tongue as you can and pull forward with a moderate scraping pressure. A spoon could be used as a simple substitute for a

scraper.

It is estimated that more than 50 per cent of the population of the UK has chronic bad breath. In the US alone, sufferers spend over \$500 million a year on breath fresheners and mouthwashes to combat the problem.

It is essential to diagnose halitosis and pinpoint its source, but once the problem is identified treatment is generally simple and very effective.

Dr Mervyn Druian is a general dental practitioner based in north London.

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MINT

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Extensive clinical trials and over twenty years of unrivalled professional endorsement prove Corsodyl's efficacy.

Corsodyl – The gold standard.

Uses: Inhibition of plaque, treatment and prevention of gingivitis, maintenance of oral hygiene, treatment of recurrent oral ulceration, denture stomatitis and oral thrush. **Contraindications:** Previous hypersensitivity reaction to chlorhexidine. **Side effects:** Superficial discoloration of the tongue, teeth and tooth-colour of dentures. **Precautions:** Avoid contact with eyes. **Overdosage:** Very rarely reported. **Product Licence:** Corsodyl is a trademark of SmithKline Beecham. **Legal Category P** Date of last revision: December 1994

Keeping pace with pastes

The toothpaste market in the UK is worth almost \$250 million a year (excluding own-brands and Rembrandt whitening toothpaste), according to market research company Infoscian.

Family toothpastes still account for almost a third of purchases, but last year these lost market share to added value products, such as whitening and all in ones, which offer protection against cavities, tartar, plaque and gum problems in a single paste.

The fastest-growing segments of the market are whitening pastes, up 85 per cent in the year to January 31, 1996, and all in one formulations, which grew 54 per cent.

Toothpaste sales through pharmacies brought in \$17.8m in 1995. Whitening and all in one pastes grew more slowly than in the market as a whole, at 30 per cent and 21 per cent respectively. The reason for this, says Andrew Kuowman of Infoscian, is that added value products were launched into pharmacies before grocery stores, and, although their growth was strong immediately after their introduction, it has now slowed.

Colgate increased its toothpaste market share to almost 30 per cent in the year to December, 1995, backed by more media spend than any other toothpaste brand (\$10.1m in 1995).

The company reintroduced its 'ring of confidence' logo to "remind people of the Colgate brand heritage and development", says Rebecca Phelps, commercial category manager for oral care at Colgate Palmolive.

The company recently launched Colgate Triple Cool Stripe Gel for



Arm & Hammer Dental Care is the UK's leading baking soda toothpaste, with a 44 per cent market share. The brand will begin a sampling exercise this month, which will reach up to a million consumers

the family sector. It replaces Colgate's Blue Minty Gel, and the company predicts the gel will grow value sales by 30 per cent in its first year.

Colgate has also updated its tartar control toothpaste. New Tartar Control Micro Formula includes a tartar inhibitor and an advanced cleaning agent.

About 80 per cent of Macleans and Aquafresh sales go through grocery, with the remainder as pharmacy sales, says Mark Jenner, category manager at Smithkline Beecham. The future of the toothpaste market could lie with combination pastes that have already made an appearance in the US, says Mr Jenner. For example, a dual chamber pump with a bicarb toothpaste in one side and a peroxide paste in the other.

Whitening strikes

Rembrandt still commands the biggest share of the whitening market, followed by Macleans Whitening, Colgate Platinum and Pearl Drops. The sector continues to grow rapidly, but still accounts for only a small percentage of the total market.

Whitening pastes are a strong area for pharmacists, with a higher proportion of sales through pharmacies than in the whole sector.

Grafton, maker of Rembrandt, has some merchandising tips for pharmacists: surveys have shown that many Rembrandt sales are the result of impulse purchases and are often regarded as 'treats', so displaying on or near the till results in the best sales levels.

"Nineteen ninety-five was the year of whitening toothpastes," says Mr Jenner. "For us this year is very much about continuing to grow added value sectors, so we

will be continuing to grow the mass market whitening sector and seeing what extra growth we can get out of bicarbs." SB will spend about \$4m pushing its whitening brands this year.

Pharmacists should get into whitening brands, says Mr Jenner. "To grow your business you want to be looking at having a representation of the new added value products. They offer new benefits, so they are premium priced and you should have a sprinkling on your shelves, otherwise you're missing out.

"Pharmacists need to stock one or two of the best-selling lines and they should have those first in traffic flow, so customers are exposed to these new products."

Colgate Platinum appeals to consumers who are looking for cosmetic benefits, combined with the trusted cavity protection of Colgate, says Ms Phelps.

"Consumers are becoming more orally aware and are looking to trade up to products that offer added benefits. Platinum offers pharmacists the chance to build sales," she says.

Janina International has both an ultrawhite toothpaste and an ultrawhite oral fresh spray cleanser. Janina says that these products are a "revolutionary new development in oral healthcare". They include ingredients which have been tested and proven to work individually, but which have not been used in combination before.

These ingredients include the new patented Bromaine Complex, which includes whitening agents "to help remove both internal and external staining from teeth".

Pearl Drops Whitening Toothpolish has continued to grow despite the introduction of new

brands into the sector. Pearl Drops launched a baking soda variant last year and supports the brand with TV advertising.

Baking soda

Baking soda toothpastes saw strong sales growth of 10 per cent, giving these formulations an 8 per cent share of the market, although sales through pharmacies fell 6 per cent, according to Infoscian. Arm & Hammer remains the strongest brand in the sector with a 40 per cent market share, followed by Colgate bicarbonate of soda.

Arm & Hammer spent over \$1.9m on TV advertising in 1995 and the 'WOW' campaign will also be on TV in 1996. This month, the company starts a sampling exercise that will reach up to a million consumers.

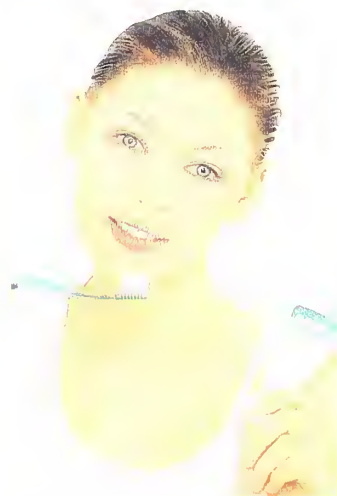
"Bicarb toothpastes have been very successful," says Mr Jenner, "they're now around 10 per cent of the market and that's pretty flat. So we don't see the bicarb soda sector



Sensodyne F, launched last October, was the first launch in the sensitive sector since early 1994. The market was hit by baking soda and whitening products, but is fighting back



Triple Cool Stripe Gel, a family toothpaste launched by Colgate-Palmolive earlier this year, combines the fun of stripes with the cavity fighting message of a white paste



Sales of Pearl Drops Toothpolish are up 27 per cent in value year on year, which is nearly four times the growth seen in the total toothpaste market for the same period



Macleans Whitening is a "cosmetic-type product that also gives all the protection of a regular toothpaste"

growing too much more, largely because people either love or hate the taste." Aquafresh bicarb is being launched in June, 1996, with a new flavour.

Colgate will be relaunching its bicarbonate of soda paste to appeal to a broader range of consumers this year. It will be reformulated to include a new fresher flavour.

Sensitive issues

Pharmacy sales in the sensitive sector are traditionally strong, probably because over 80 per cent of sensitive toothpaste users buy on dentists' recommendation. However, last year saw pharmacists record a decline in sales.

Stafford-Miller, maker of Sensodyne, is moving to combat the static state of the sensitive market and increased competition from whitening and baking soda brands by investing \$7m in its support programme for Sensodyne in 1996. The brand dominates the sector with a 75 per cent market share.

TV ads will feature 'new

improved' Sensodyne F, which is the first sensitive toothpaste to contain Trichosan, an anti-bacterial agent that helps fight gum disease.

All in ones

The all in one sector continues to be dominated by Colgate Total, which is supported this month by a burst of its 'brushing that works between brushings' ads. Total is used by more dentists' families than any other variant.

This week Colgate is launching Colgate Total Fresh Stripe (available in 50ml and 100ml tubes and a 100ml pump), which has the total protection against cavities, plaque, tartar and gum problems that Colgate Total gives, plus longer-lasting and fresh breath benefits.

Liquid

In the liquid sector, Thera-med 2-in-1 toothpaste and mouthwash

was awarded British Dental Health Foundation accreditation. As part of the Thera-med marketing campaign, Henkel Cosmetics has updated its consumer information leaflet, which is distributed at POS and through a PR programme.



The Eludril and Elgydium toothpaste ranges from Laboratoire Pierre Fabre contain a non-staining chlorhexidine formulation

Brushing up

Every year, UK consumers spend around \$100 million on toothbrushes, but if people changed their toothbrushes as often as their dentists recommended (four times a year), the market would quadruple in value. Despite manufacturers' attempts to encourage consumers to buy more brushes, each consumer still purchases an average of only 1.5 brushes per year.

During the past year, growth in the brush market has been fairly static. The value of the market is increasing, says Rebecca Phelps at Colgate, because consumers are trading up to premium brand toothbrushes, but they are not purchasing brushes any more often.

Mark Jenner of Smithkline Beecham agrees: the market will grow when people learn to replace

their brushes more often. He also believes that the market will grow as manufacturers add more benefits to brushes.

Oral B is the number one brand in the UK toothbrush market: its Advantage brush accounts for a fifth of the market. Last year, Colgate launched the new Advantage Control Grip (\$2.29) which, it says, removes up to 45 per cent more plaque than an ordinary brush.

Wisdom is number two with an 11 to 12 per cent value share, although its share is greater in volume terms. This is because Wisdom is a family brand and its prices are in the \$1.49-\$1.89 range.

The market is interesting at the moment, says Janice Collins, marketing manager at Wisdom. "There have been a couple of years of heavy innovation during which toothbrushes have come on in leaps and bounds. The innovation was driven at first by the entry of toothpaste manufacturers into the brush market."

Now the market has almost reached a hiatus and manufacturers are wondering where to go next. In the past, Wisdom has not been as quick to develop new products as other companies, but it has spent the past two years innovating, catching up with others in the market and then passing them with the launch of Contour last year, says Ms Collins.

Wisdom Regular is being relaunched at the end of this month and Wisdom brushes will be available in a multipack. Each will hold three brushes, but each brush will be individually sealed so opening one will not mean opening the whole pack.

Advertising this year will focus



Wisdom has overtaken competitors with the launch of Contour, believes the company

on POS activity, with buy one, get one free promotions and new packaging, a strategy which "works very well for us", says Ms Collins.

Wisdom is also launching a scratchcard promotion in June and July, the first in the oral care sector. Scratchcards will be included inside packs and there will be a variety of money-off and product prizes.

One recent addition to the market is the Oral Spring range of toothbrushes, with springs on the base of each set of bristles to help them reach the whole surface of the teeth, says Periproducts.

Colgate is linking its successful all in one paste, Colgate Total, with its Total toothbrush in TV ads later this year and will be launching a new brush later in 1996.

Stafford-Miller has relaunched its Sensodyne Search range with colour-coded packs to make selection and repurchasing easier. The range includes a Teddy toothbrush



Aquafresh Flex 'n' Direct toothbrushes hold a 5 per cent share of the total toothbrush market in the UK, which is worth around £100m a year. The brushes have been repackaged in blister packs that help show their benefits more effectively



A link with Walt Disney has been so successful for Jordan that it continues with a Hunchback of Notre Dame toothbrush

for babies (\$1.29), three straight-handled toothbrushes with different-sized heads and two gum health brushes (\$1.49).

Smithkline Beecham's Aquafresh Flex range has a 14 per cent share of the market and the company is relaunching the range later in the year with "bigger and brighter benefits", says Mr Jenner. SB will spend around \$3m supporting its brushes in 1996.

Dento-O-Care has recently introduced its Superbrush to the retail sector. Superbrush has three heads to clean all three surfaces of the teeth at the same time. It is available in three sizes (rrp \$2.99).



Sensodyne has relaunched the Search toothbrush range. For a limited period the range and a new seven-dozen merchandising unit are available at an introductory price

Kids' stuff

The children's toothbrush market is being driven by an increasing awareness of the need to teach children techniques that will stand them in good stead when they are older.

Nigel Smith, product manager for Oral B, says more and more children are suffering from gum disease and there is an increasing need to develop brushes that offer major health advantages.

Oral B's Disney range is the most successful toothbrush in the children's sector. To reinforce the success of the range in 1996, Oral-B has launched updated toothbrush designs and packs, featuring a promotion offering a free Mickey Mouse lunch box and beaker.

Two new designs from Oral B are targeted at specific age categories: the Squish Grip, for one to

eight-year-olds, has a soft, squeezable handle and is available in two-tone, bright neon colours. The Squeezy, for children of nine years and over, has the same contoured handle and is available in colours that appeal to older children. Both brushes retail at £1.99. Highly colourful pre-packed merchandising units are available.

Last year, Wisdom launched the Wiz toothbrush with its free membership club for children. The club now has 17,500 members.

The key to the market is to combine sensible features that appeal to parents with features that make cleaning their teeth fun for the kids. The company has a number of new ideas to keep the Wiz concept moving, but most of these are still at the planning stage, says Wisdom's Janice Collins.

Elida Fabergé has launched the

Mentadent Step Up toothbrush for children aged 3-11.

Stafford-Miller is introducing a range of toothbrushes based on the 'Reboot' computer-animated television series (rrp £1.75). The company also has a new range aimed at children under four. The Sensodyne 2 toothbrush features World of Beatrix Potter characters (rsp £1.69).

Also new from the Sensodyne range are Barbie brushes (rsp £1.75) and, to complement the brushes, Barbie toothpaste – a tutti-frutti-tasting gel.

Jordan has linked up with Walt Disney to produce a range of character brushes and 1996 will see the launch of the Hunchback of Notre Dame toothbrush.

Children's toothpastes are a growing market, says Smithkline Beecham's Mark Jenner, and Macleans "has by far the biggest brand with Macleans Milk Teeth".

Rembrandt has launched a whitening toothpaste for children that is berry-flavoured (rrp £7.75).

The latest addition to the Thera-med range of '2 in 1' toothpastes and mouthrinses is Thera-med Junior, a fluoride mouthrinse and strawberry-flavoured gel paste.

Colgate has relaunched its children's range of products. "Looking after your teeth should be seen as a fun thing to do and Colgate's baby oral care products help to convey that message", says the company's Rebecca Phelps.



Oral B has launched the Squish Grip and Squeezy ranges, with contoured handles, indicator filaments and power tips



The Mentadent Step Up toothbrush, designed for children aged 3-11, makes brushing more fun, says the company

Dentures

There are more than 16 million denture wearers in the UK and almost 10m do not use specialist products for cleaning their false teeth, says Reckitt &

Colman, so the market has considerable growth potential.

Modern denture cleaners have been specifically developed to remove plaque and stains, and cannot be rivalled by toothpastes, says Steradent category manager Louise Wickham.

Steradent sales are worth \$4.6 million in the pharmacy sector and

Reckitt & Colman has launched a triple-action reformulation for Steradent Fresh and Steradent Original denture cleaning tablets.

The brand features in the sector's first direct response television campaign, which is due to roll-out nationally this summer and includes a carline number. "By launching this new direct response initiative with an execution that clearly communicates efficacy benefits of using Steradent versus a toothpaste, we will reach the 10m denture wearers who don't currently use a specialist cleaner," explains Ms Wickham.

However, Stafford-Miller estimates that the denture cleanser market is worth about \$29m. It also claims that 71 per cent of all denture wearers use a specialist cleaner and that brushing products are the fastest-growing sector.

Stafford-Miller's Dentu-Creme denture cleansing paste commands a 14 per cent share of the market in pharmacy and the company is supporting the brand with heavy television advertising in 1996.

In the fixative sector, Stafford-

Flossed with success

Flossing is an essential part of an oral hygiene routine and, according to dentists, just as important as brushing. However, while 90 per cent of the population brush, only 20 per cent floss.

Oral B has around 40 per cent of the £9 million floss market in the UK. The market is "growing significantly", according to Oral B's James Murray, who says "given the right circumstances the market could easily double in terms of both units and value" over the next two years. The company has recently launched Mint Ultra Floss (rrp £1.99) and plans more launches in 1996.

Stafford-Miller has introduced a new Sensodyne floss and tape for 1996. Floss is available in packs of 60 metres and tape in 30m packs.

Westone Products has developed Dentolene fibre, which is used in Caredent Periotape floss. It is made from PTFE (a teflon-like material) which does not shred during use.

Grafton is introducing Tocola Tea Tree dental floss and Baking Soda dental floss to the UK market (£2.25 rrp). A third new product is Tocola Floss-ups (36 pieces, £1.49 rrp).



Stafford-Miller covers a range of consumer oral care needs. Products include Sensodyne brushes and flosses, and Poli-Grip for dentures



New packaging from Steradent which will help consumers identify the correct product for their dental routine

Miller will be relaunching Poli-Grip Ultra and Poli-Grip Fresh with improved formulations in May. The new products will give 50 per cent more holding power and will give wearers 'all-day hold'.

The company hopes the launches will help to grow Poli-Grip's current 52 per cent share of the \$12m denture fixative market.

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*The first major brand to offer fluoride protection against tooth decay.

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BUSINESS IS LOOKING GOOD

Slooshing news

The mouthwash sector has experienced a decline in the past year, with mainstream rinses faring particularly badly. The medicated sector, which represents a third of the mouthrinse market and is sold primarily through pharmacy, has seen a small rise and will continue to climb in 1996, predicts Colgate, while the mainstream sector continues to decline.

Colgate's Plax was the only mainstream product to grow in 1995, mainly due to heavy poster and TV advertising, and the accreditation of the British Dental Association, which "gave Plax credibility at a time when mouthrinses were hit by bad publicity", says Rebecca Phelps of Colgate. This fact has led to Colgate's Actibrush blue variant becoming the Plax blue variant.

More consumers are buying mouthrinses because of the health benefits rather than for the cosmetic slant of fresher breath. Nevertheless, it is important for pharmacists to stock a range of colours, says Ms Phelps, because consumers associate the different colour variant with different benefits:

- red/yellow with therapeutic/medicinal benefits
- blue with cool and refreshing
- green with minty taste and fresh breath.

The current market is split almost exactly into thirds by con-



Macleans Mouth Guard range includes a Mouth Guard for Sensitive Teeth. It does not contain alcohol, which can irritate sensitive gums and teeth

sumer colour preference.

As well as toothpastes to deal with the problem of sensitive teeth, there are mouthwashes that tackle the problem. Macleans Mouth Guard for Sensitive Teeth contains no alcohol, an ingredient which could irritate sensitive gums and teeth. The product is being supported by high advertising spend in 1996. Macleans Mouth Guard for Sensitive Teeth retails at \$2.29 for 250ml and \$0.59 for 75ml.

Mark Jenner of Smithkline Beecham believes that the market has declined "primarily because innovation has not kept up; as manufacturers, we probably have not been innovating as fast as in toothpaste and toothbrushes, and, as a result, consumers are sceptical about the benefits of using a mouthwash". Macleans Mouth Guard will be relaunched later this year, with a superior formulation that offers real therapeutic value.

Mouthwashes increase oral health, says Mr Jenner, consumers just need convincing of that fact. Mouthwash sales could be falling because consumers now feel they get 'fresh breath' benefits from toothpastes and are unwilling to pay extra for the same benefits from a mouthrinse. Convincing consumers that mouthwashes have health benefits is the way to push the market back up.

Warner Wellcome believes the mouthrinse market has potential: "The market is already worth around \$58 million and, with increased consumer interest in oral care, this could grow substantially over the next few years," says Lesley McCaig, group product manager for Lis-

terine. "For instance, over twice as many Americans (60 per cent) use a mouthwash and UK trends generally follow the US."

Warner Wellcome supported Listerine with new TV advertising in 1995, aimed at a younger market and the company plans a 'full and exciting' campaign using the same advertisement later in 1996.

The Lister range has a strong presence in pharmacies, with sales of Listermint and Listerine giving Warner Wellcome a 57.5 per cent share of mouthwash sales in pharmacies. "Today, mouthwashes provide excellent sales potential, particularly in pharmacies," comments Ms McCaig.

Antiseptic mouthwashes are not just about fresh breath, says Warner Wellcome, many users now appreciate the additional benefits of fighting plaque and helping to prevent gum disease.

Colgate Oral Pharmaceuticals is introducing Chlorohex 2000 mouthrinse to pharmacies. Chlorohex 2000 contains 0.2 per cent chlorhexidine gluconate for treating and preventing bleeding gums. Chlorohex 2000 is available in 300ml bottles with a measuring cap and retails at \$3.59.

Corsodyl is Smithkline Beecham's medicated mouthwash, which is recommended by 91 per cent of dentists, says Mr Jenner. Corsodyl contains an anti-gingivitis active, chlorhexidine, and is a key area for pharmacists because it is Pharmacy-only.

Rembrandt has launched an alcohol-free breath freshener. The 30ml mint-flavoured product has a pump action so that it can be used in either spray or drop form (30ml, rrp \$2.35).

Brush electric

The market for electric toothbrushes is expected to reach £18 million this year, but with penetration still at a low 5 per cent, there is plenty of scope for improvement, says Richard Gullett, marketing manager at Philips DAP.

The company expects sales of electric toothbrushes



Philips has redesigned its electric Dental Logic toothbrush. The brush has a pressure control feature, a two-minute timer and is completely waterproof

to grow at a rate of 15-20 per cent a year.

Philips has introduced new styling to the Dental Logic brush, as well as a redesigned head, which has variable length filaments. Heads suitable for children are available (£2.75 for two) with replacement heads priced £4.95 for four.

Rowenta has introduced the new Multi Plaque Dentacontrol rechargeable electric toothbrush (rrp £54.99). The brush comes with different heads for adults and children, an interdental clip brush and a round rotating rotacip brush. It has also launched Dento, battery-operated brushes for adults, priced at £19.99.

Rowenta is also responsible for the first battery-operated toothbrush for children (aged three and over). The Dentiphant (£17.99) comes in bright pink and blue.

Dent-O-Care has launched the Hapika electric toothbrush, which incorporates a compact, gentle brush head on a cordless body. The brush retails at £14.95.

The Oral Spring electric brush is available in a number of formats and can be used manually if required. The brush heads are replaceable and kits include a dental floss holder.



Using an antiseptic mouthwash, like Listerine, can make an important contribution to the health of teeth and gums. Combined sales of Listerine and Listermint account for 58 per cent of the pharmacy mouthwash market

POLITE NOTICE

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diclofenac EC, MR 75mg Caps
or diclofenac DR 75mg Caps.**

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Motifene 75mg Abbreviated Prescribing Information.
Presentation: Blue-capped, colourless capsules containing 75mg of diclofenac sodium in a dual-release, pelletised formulation. 25mg of diclofenac sodium is presented as enteric-coated pellets, the remaining 50mg as sustained-release pellets. **Indications:** Rheumatoid arthritis, osteoarthritis, low back pain, acute musculo-skeletal disorders (e.g. periarthritis, tendinitis, tenosynovitis, bursitis, sprains, strains, dislocations), relief of pain in fractures, ankylosing spondylitis, acute gout, control of pain and inflammation in orthopaedic, dental and other minor surgery. Not suitable for use in children. **Dosage:** One capsule once or twice a day, preferably just before a meal. Non-steroidal anti-inflammatory drugs should be

used with caution in the elderly. **Contra-indications:** A known sensitivity to diclofenac, active or suspected peptic ulcer or gastro-intestinal bleeding, asthmatics in whom attacks of asthma, urticaria or acute rhinitis are precipitated by other non-steroidal anti-inflammatory drugs including aspirin. **Precautions:** Patients with a history of gastro-intestinal disease, severe hepatic, cardiac or renal insufficiency (including the elderly) should be monitored closely during treatment. Patients with a bleeding diathesis or other haematological abnormality. **Pregnancy and Lactation:** Co-administration with lithium, digoxin, methotrexate, oral-hypoglycaemic drugs, oral anticoagulants, potassium sparing diuretics, other non-steroidal anti-inflammatory drugs, cyclosporin. **Side-effects:**

Occasionally reported: nausea, vomiting, diarrhoea, epigastric pain, headache, dizziness, vertigo, rashes or skin eruptions. Rarely reported: gastro-intestinal bleeding, peptic ulceration, drowsiness, tiredness, urticaria, liver function disorders, oedema, hypersensitivity reactions. **Legal category:** POM. **Pack details:** Motifene 75mg capsules (PL 8265/0003), basic NHS price £14.99 per blister pack of 56 capsules. Full prescribing information is available on request from the **Product Licence Holder:** Panpharma Limited, Repton Place, Amersham, HP7 9LP.

Date of Preparation: March 1996

M75F9602

New call to lobby OFT on RPM

Independent pharmacy contractors are being urged to write again to the Office of Fair Trading to support the retention of Resale Price Maintenance and counter the latest onslaught by Asda.

Meanwhile, in the House of Lords on Tuesday, Baroness Gardner of Parkes asked the Government what steps it was taking to ensure the continuance of independent pharmacy in view of the referral of RPM to the OFT.

Trade and Industry minister Lord Fraser pointed out to the House that "clearly, the existence of the present exemption would reveal that there is good reason for there being such an exemption".

Baroness Gardner pressed the minister on the importance of local pharmacies in both the social fabric of the country and the NHS. Lord Fraser responded that it was a complex matter and that the OFT anticipated taking until September to complete its review.

National Pharmaceutical Association

director Tim Astill, on behalf of the Community Pharmacy Action Group, comments: "We understand that the Government cannot commit itself at this stage, but we found the comments from both the Government and the Opposition most encouraging."

Last week, Nick Cooper, Asda's corporate counsel, criticised the time being taken by the OFT and said the company was taking the fight to the European Commission (*C&D* April 20, p536). He described RPM as another outmoded piece of "junk law".

He added: "No one doubts the social need for pharmacy services to be accessible. That is why we are trying to add to the pharmacies we already have in our stores, although we are limited in doing so by pharmacy licence restrictions."

"We do not accept that everyone – old people, the sick and the young – should have to pay a hidden tax on their cold cures and vitamins through higher prices and exorbitant profit margins for

large multinational companies," he said.

In response to the attack, pharmacy leaders see it as vital that as many pharmacists as possible join the fight to preserve RPM. David Sharpe, chairman of the RPM defence organisation the Community Pharmacy Action Group, says: "This is a very important battle against the supermarkets and one we must win."

"Remuneration year by year will increase even if it's a low margin. If RPM goes, it goes once and for all and there will be a decrease year by year," warns Mr Sharpe.

Community pharmacists are urged to write to their MP and the OFT, rather than the Department of Health.

Mr Sharpe is advising independents to take note of requests by the OFT, Field House, 15 Breams Buildings London EC4A 1PR for further information and to obtain specialised help from the CPAG in drafting a response.

The OFT is still consulting

retailers, wholesalers and manufacturers prior to meeting with the DoH, probably in July.

Earlier this month, DoH chief pharmacist Bryan Hartley acknowledged: "Retail Price Maintenance is a serious professional issue, not just commercial: about 11 per cent of the turnover is from OTC products; 20 per cent of the profit is from OTCs."

The UK 200 Healthcare Group of chartered accountants predicted gloomily this week: "The buying power of retail groups, such as Asda, will place the smaller independent under extreme competitive pressure and failures must follow. Some sources suggest that this could put as many as 30 per cent of independents out of business."

For further advice, pharmacists are recommended to contact Sue Sharpe at the Royal Pharmaceutical Society, Godfrey Horridge at the Pharmaceutical Services Negotiating Committee or Tim Astill at the National Pharmaceutical Association.

Pharmacy finance questions answered

Terry Maquire's book, *Pharmacy Finance and Management*, published last week, sets out to answer in a straightforward manner a wide range of questions most commonly asked by pharmacists of different ages concerning financial and managerial aspects of community pharmacy practice.

There are sections on basic

accounting, buying and running a pharmacy and personal finance. The aim is to empower the questioner to make a decision and, where professional advice is required, to enable the right points to be raised.

Pharmacy Finance and Management, Radcliffe Medical Press, £13.50 plus £1.50 p&p.

LIG acquires US condom and glove manufacturer

London International Group is to become the largest manufacturer of condoms in the US, with the \$46 million acquisition of Aladan Corporation, an Alabama-based private company.

The purchase will also give LIG a leading market position in examination gloves in the US, the largest medical gloves market in the world.

It is paying \$34.4m in cash and issuing 4.4 million new shares for Aladan. The deferred consideration, which amounts to \$6.3m depends on performance.

Aladan has net assets of \$19.3m and in the year to Decem-

ber made profits of \$7m on net sales of \$56.9m.

Nick Hodges, chief executive of LIG, says: "This is the first major acquisition for LIG since its refinancing and restructuring nearly two years ago. It is a landmark deal in the group's development and provides us with an exciting platform from which to achieve sustainable long-term growth in our core business areas."

Moving Aladan to a totally powder-free product range will enable LIG to become the world leader in both the powder-free surgical and examination glove segments.

Phytopharm plants seeds for full listing on Stock Exchange

Phytopharm, the plant-based medicine company which is seeking a full listing on the London Stock Exchange, has placed 7.4 million ordinary shares with institutions and other investors at \$1.75 per share, raising \$11.9 million net of expenses. At the placing price, the whole of Phytopharm's ordinary share capital is valued at \$54.1m. Dealings in the shares were expected to begin on April 25.

Based on its experience with Zemaphyte for severe eczema, the company's strategy is to

investigate plant-based remedies for chronic conditions which are poorly served by Western medicines. The approach is being applied in areas such as diabetes, asthma, Alzheimer's disease and wound healing.

Dr Geoffrey Guy, chairman of Ethical Holdings and non-executive chairman of Phytopharm, says the share placing represents the final stage of the deconsolidation and demonstrates an alternative means by which Ethical could achieve a return on capital through product development.

EU acts on unit pricing

EU consumer affairs ministers adopted "a common position" on a new pricing system for packaged goods on April 23. The proposals will now go to the European Parliament for formal approval.

They will oblige retailers to show the selling price of the item and the price per unit, but there will be exemptions and a grace

period for certain products and smaller businesses.

The National Pharmaceutical Association is pressing for a Europe-wide exemption for medicines and, if this fails, will be lobbying the UK Government prior to the implementation phase. It estimates that the measures could cost the pharmacy sector \$12 million in the first year.



Unichem has bid farewell to Ray Drury, who has retired after 17 years' service as general manager of the company's Newcastle branch. Pictured at the retirement function are (left to right): Kelvin Hide Unichem's commercial director, Ray Drury and Tony Brotherton, the new general manager for Newcastle

Pharmacy sector attracts eight Queen's Awards

Eight of the 16 Queen's Awards for technological achievement this year are healthcare-related.

Among the winners are:

- Amersham Healthcare for Metastron, a solution of strontium-89 chloride, to treat painful bone metastases in prostate and other cancers
- Glaxo Wellcome Research and Development for the migraine and cluster headache treatment Imigran
- Smith & Nephew Group Research Centre, for an adhesive film (IV3000) to cover intravascular catheter insertion sites.

Among the winners for exports are:

- Corsair Toiletries, which exports a range of men's and women's toiletries and household products in the low- to medium-price range. Between 1991 and 1994 its exports

increased by 130 per cent.

- Evans Medical, a subsidiary of Medeva, the UK's only human vaccine manufacturer
- Lilly Industries, which over three years increased exports by \$50 million; they now represent nearly two-thirds of sales
- Ocular Sciences, a US-owned manufacturer of soft contact lenses based in Southampton, which established new markets in Europe, the Far East and Middle East
- Unipath, part of the Unilever group, which makes consumer and clinical diagnostic products related to women's health. The company consistently exports 80 per cent of production to over 80 countries.

Overall this year 107 awards are for exports, 16 for technological achievement and six for environmental achievement.

United boosts branch numbers

United Norwest Co-op Health Care has expanded with the acquisition of two businesses in Greater Manchester.

United has grown by 20 per cent to a total of 42 pharmacies and is already planning further expansion, which will take the group to more than 50 branches before the end of 1996.

The company has acquired the two pharmacies in Northenden under the T E Roberts name and the five branches of the Williams Chemist Group, which are located in Oldham, Rochdale, Orrell and Billinge (which has two branches). The pharmacies have a combined turnover of more than \$1 million.

The Williams' branches will initially continue to trade under that name, but by the end of the year all will be Co-op Health Care branded.

One of the Roberts' pharmacies will undergo a complete refit and there will be other refurbishments and changes as branches switch to the Co-op name.

Drug sales promising at start of year

Sales of medical products by retail pharmacies in the UK rose by a promising 14 per cent in January to \$546 million. Sales in January, 1995, were \$497m. According to IMS International, this percentage increase in the world top ten markets was exceeded only by Belgium and Italy, which both recorded 17 per cent.

The overall increase for the ten markets was 9 per cent at \$11.68 billion, with blood products and central nervous system agents registering 19 and 17 per cent respectively.

Retail sales

The retail price index rose 0.4 per cent over the month to stand at 151.5 in March. The index has risen 2.7 per cent over the past 12 months. The index for chemists goods stood at 169.6 in March, which represents a rise of 6 per cent over the 12 months to March, 1996.

Drug firms in danger

The danger of pharmaceutical companies failing in the next 12 months is higher than at the end of the last recession, according to the CCN Group. Almost a third of pharmaceutical companies have a one in three chance of failing during 1996, according to David Coates, managing director of CCN Business Information.

Looking good

Smithkline Beecham's first quarter results for 1996 showed sales up 10 per cent to £1.87 billion and pre-tax profits up 7 per cent to £387 million. Sales increased despite a lower incidence of respiratory infection than last year, which affected sales of Augmentin B, SB's antibiotic.

Twenty years of bar coding

On April 27 the Article Number Association, the UK standards authority for bar coding and electronic data interchange, celebrates its 20th anniversary. "Bar coding at the check-out has become the norm and this generates data for better decision-making throughout the trading chain," says Andrew Osborne, secretary general of ANA. "But there are still companies that have not yet adopted the standards and they are now our target."

Vaccine cold chain

Evans Medical is running a refrigerated distribution service for its travel vaccines. The Medicoool Direct service to surgeries and clinics is being offered at no extra charge on a fortnightly delivery cycle.

US OTC status

Approval to switch the nicotine transdermal system Nicoderm from Prescription only to over the counter status has been granted by the US Food and Drug Administration. Smithkline Beecham will market the over the counter version and recently-launched OTC Nicorette.

COMING EVENTS

MONDAY, APRIL 29

Derby Branch, RPSGB

AGM at the European Hotel, Midland Road, Derby, 7.30pm.

North Metropolitan Branch, RPSGB

School of Pharmacy, Brunswick Square, London WC1, 7.30 for 8.00pm. 'Biological clocks - diurnal rhythms and drug response; jet lag and how to avoid it' by Dr P Redfern, Biscuit, Cake, Chocolate and Confectionery Alliance.

TUESDAY, APRIL 30

South Lincolnshire Branch, RPSGB

Lincolnshire Oak Hotel, East Road, Sleaford, Lincolnshire, 7.30 for 8.00pm. 'Headache' by

Vanessa Kingsbury, CPPE tutor for Nottingham.

THURSDAY, MAY 2

Hastings Branch, RPSGB

Medical Education Centre, the Conquest Hotel, the Ridge, Hastings, 8.00pm. 'Can I take alcohol...?' by J F Smith, Sunderland University.

Advance information

Birmingham LPC is holding a community policy conference on **April 30** at the Birmingham Medical Institute, 36 Harborne Road, Edgbaston, 7.00 for 7.30pm (buffet). Main speakers: David and Sue Sharpe. Details from Tom Wedgbury, tel: 0121 373 6213.

The London College Study Group of the College of Pharmacy Practice

is holding its next meeting on **May 2** in the board room of the Middlesex Hospital, Mortimer Street, London WC1, 6.30pm to 8.30pm. The meeting will incorporate discussions and presentations on practice research. Details from Nick Hooker on 0171 387 9300.

Coventry College of Pharmacy Practice

is organising a seminar on the use of PMRs on **May 12** at the Hatherley Manor Hotel, Gloucester. Details available from Sue Elfring, tel: 01203 692400.

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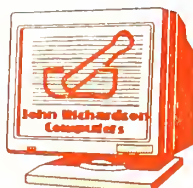
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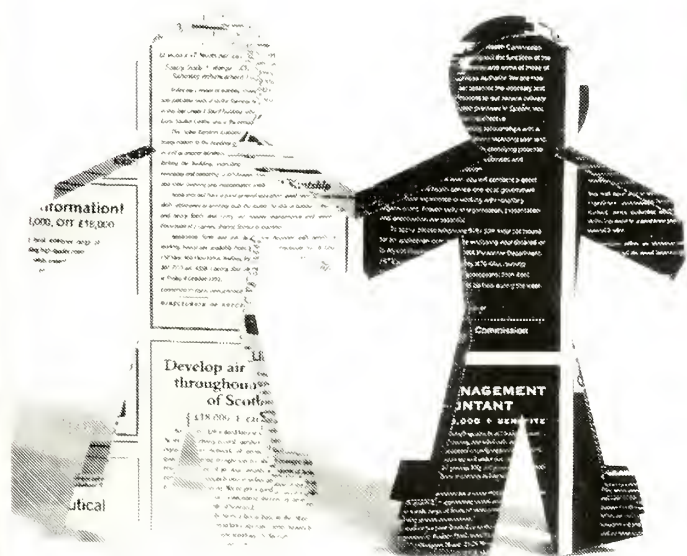
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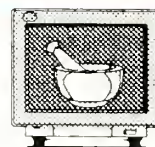
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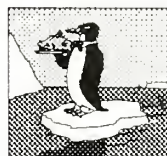
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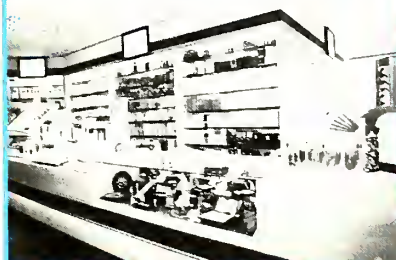
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ABOUT people

Marathon meltdown

Last Sunday's warm and sunny weather was a blessing to many, but caused havoc to the thousands of runners in the London Marathon.

Around 4,000 runners and 150 spectators had to seek medical help as temperatures soared over 20°C.

Despite this, pharmacist marathon runners were out in force. The first to be clocked was Dean Vincent from Vincent Pharmacy in Charlbury, Oxfordshire, who finished in three hours and 20 minutes and came 3,089th out of

29,000 entrants. He raised at least \$1,700 for the National Asthma Campaign.

Others who finished the course included Barbara Weekes of Downend Pharmacy in Bristol, who managed three hours 32 minutes; Colin Helliwell of Nash Chemist in Accrington, Lancashire, at four hours 29 minutes; Bhagesh Katechia of Bell Pharmacy, London, four hours and 32 minutes; and Tariq Mahmood of Mim Pharmacy in Romford, Essex, who finished after six hours.

Award for pioneering role

The College of Pharmacy Practice has presented the Schering Award to Ann Lewis, president of the Royal Pharmaceutical Society and a director of pharmaceutical services for the Countess of Chester Hospitals NHS Trust.

The governors of the College felt Ms Lewis had played a pioneering role in recognising the

potential benefits for pharmacy practice and patient care. She had been a senior pharmacy manager in the Chester hospitals for over 25 years.

The award was presented by Mike Wallace, managing director of Schering Health Care, at the College's Day held in Kenilworth, Warwickshire.

APPOINTMENTS

Dr Richard Tiner has joined the Association of the British Pharmaceutical Industry as medical director taking over from Dr Frank Wells who retires in July. **Gerald Zeidman** has been appointed by the secretary of state for health as a non-executive director of the new Barnet Health Authority, the post expiring in March, 2000. He has also been selected as vice chairman of the Authority. The new officers of the Guild of Hospital Pharmacists, elected at a Council meeting held at the GHP weekend school in Newcastle, County Down, are: president, **Chris Cairns**; past-president, **Arthur Williams**; vice president, **Dr Gerald Lee**; chair, education and science committee, **Bob McCartney**; chair, practice committee, **Gillian Arr-Jones**; chair, organisation committee, **Helen Remington**; editor, **Paul Evans**; treasurer, **Peter Cooke**. The new honorary members are **Colin Hitchings** and **Colin Hethrington**.

The Proprietary Articles Trade Association has elected **David Thomas** as its president. AAH Pharmaceuticals has promoted warehouse manager **Steve Malone** to the position of Vantage training and communications manager. **Robert Ottley** and **Kate Palmer** have been recruited as sales representatives based at the Ruislip and the Leeds branches respectively.

Anthony Mayhead has joined Unichem as an account development manager for the central southern area of England. Sterwin Medicines, the generic arm of Sanofi Winthrop, has updated its sales and marketing team with the recruitment of **Malcolm Ramsey** as field sales manager and **Steven Glass** as marketing manager. The BOC Group's chief executive, **Danny Rosenkranz**, is to take over the running of BOC Gases from C K Chow, the current managing director and chief executive, who is leaving to join GKN.



The accolades were being handed out in plenty in Belfast last weekend at the president's dinner of the Pharmaceutical Society of Northern Ireland. Susan McCormack, recently retired as chief pharmacist at the Mater Hospital in Belfast, received her fellowship from PSNI president Terry Hannawin (top). "Sue is widely respected as a pharmacist of the highest integrity who has given freely of her time over many years to promote her profession," said Mr Hannawin. One of the guests was also handing out fellowship certificates. Ian Caldwell (centre, right), vice president of the Royal Pharmaceutical Society, took advantage of the occasion to present PSNI secretary and registrar Derek Lawson with his RPSGB fellowship. "Derek is the sort of chap who builds bridges," said Mr Caldwell. "He never lets anyone forget that pharmacy in Northern Ireland is alive, independent and different." Attention was also drawn (bottom) to a pending change in status of the Province's pharmacy inspector, Dr Michael Mawhinney. Congratulations were in order for Dr Mawhinney and fiancée Pauline, with the big day set for August. "Speaking as a community pharmacist, I hope the state of matrimony will have a mellowing effect," said Mr Hannawin.

OBITUARY

George Edward McIlhagger of 2 Old Manor House, Manor Drive, Lisburn, County Antrim. Died on April 15, 1996.

Mr McIlhagger was a well known figure in pharmacy circles, but particularly in hospital pharmacy in Northern Ireland.

He first registered as a pharmacist in December, 1930, and was the first employee member of the Council of the Pharmaceutical Society of Northern Ireland.

He was president of the Society in 1958/59, and for many years was the honorary treasurer, as well as being a very active member of the Benevolent Fund Committee and Statutory Committee.

He was also a founder member of the associates' section of the Ulster Chemists' Association and

was its chairman in 1954/55 and 1976/77. He was awarded a fellowship of the Pharmaceutical Society of Northern Ireland in 1975.

He was also on the Committee of Safety of Medicines and the Council's representative on the Royal Society for the Prevention of Accidents.

In 1980, the Pharmaceutical Society of Ireland, Dublin, awarded him a fellowship and made him a member of the editorial board of the *Irish Pharmacy Journal*.

His love and knowledge of motor cars was widely appreciated and many have benefited from his help and advice in 'making cars work', a passion which he had developed with his two brothers from childhood.

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